

[Request for ARECCI Second Opinion Review](#)

Date of Submission		
Project Title		
Project Lead(s)		
Email		
Phone		
Organization/ Department		
Title		
Type of Project	<input type="checkbox"/> Quality Improvement <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Other	
Other (Please specify)		
Purpose of Project (Brief Description) <ul style="list-style-type: none"> - Aim statement - Rationale for project - Describe current thinking about activities of project - What are you trying to accomplish? - Anticipated Outcomes 		
ARECCI Score		
ARECCI Link		
Areas of ethical Concern in the project: <ul style="list-style-type: none"> - Please explain the elevated ARECCI Score (Describe Project Specific Details). 		
Project Site		
Estimate timeline	Target Start Date:	Target Completion Date:
Attachments (checklist)	<input type="checkbox"/> Completed ARECCI Ethics Screening Tool <input type="checkbox"/> Completed ARECCI Ethics Guidelines Tool <input type="checkbox"/> Data collection tool(s) (if applicable) <input type="checkbox"/> Project charter or proposal (if applicable) <input type="checkbox"/> Additional material to support the review	

ARECCI - TERMS OF USE

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USE AND DISCLOSURE WARRANTY

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By submitting this application, you have read and agree to the above Terms of Use.

If you have a question or concerns about any collection, use or disclosure of information by EDGE Alberta, please contact the ARECCI Manager, by email at ARECCI.Health@albertainnovates.ca

I Agree

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