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| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | *Gray areas reserved for the ethics support service* | | |
| 1. **TYPE OF REQUEST** | | |  | 1. **REQUEST NUMBER** |  | |
| Information request | | |  |  | | |
| Consultation/Accompaniment | | |  | 1. **LOCATION** | | |
| Other |  | |  |  | | |
|  |  |  |  | 1. **REQUEST RECEIVED:** | |  |
|  |  | |  |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **APPLICANT’S IDENTIFICATION *(To be completed only if the applicant is not the user.)*** | | | | | | |
| **Last name, First name** |  | | | | | |
| **Address** |  | | | | | |
| **Telephone** |  | | | | | |
| **Email address** |  | | | | | |
| **Relationship with the user** | Parent | Mandatary, tutor or curator | | | Relative | |
| Other | | | | | |
| **Is the user in agreement with you submitting the request?** | | | Yes | No | | Not applicable |

|  |  |
| --- | --- |
| 1. **USER’S IDENTIFICATION *(To be completed only if the applicant is the user.)*** | |
| **Last name, First name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| 1. **SERVICE POINT INVOLVED:** | |
| **Last name** |  |
| **City** |  |
| **Name(s) of the physicians or workers concerned (if applicable)** |  |

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| 1. **SUMMARY OF THE SITUATION**   ***Describe the main elements of the case and the issue experienced.*** |
|  |

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| 1. **EXPECTATIONS** |
|  |

|  |  |
| --- | --- |
| **Date of closure:** |  |

*Reserved for the ethics support service*

**Thank you for responding by email to:** [**comiteethique.ciussse-chus@ssss.gouv.qc.ca**](mailto:comiteethique.ciussse-chus@ssss.gouv.qc.ca)

**For further information: 819-780-2220, Ext. 42222**