|  |  |  |
| --- | --- | --- |
|  |  | *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)** |  |

|  |
| --- |
| 1. **SUMMARY OF THE SITUATION**

***Describe the main elements of the case and the issue experienced.*** |
|  |

|  |
| --- |
| 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**

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