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###### PATHOLOGY CLINICAL TRIALS/RESEARCH APPLICATION

|  |  |
| --- | --- |
| PATHOLOGY TRIAL NO. |  |

**1. PROJECT DETAILS Quote#**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of project/study |  | | | | |
| Protocol no: |  | Dept./Unit | |  | |
| Principal Investigator | | | Research Coordinator | | |
| Name: |  | |  | | |
| Address: |  | |  | | |
| Phone: |  | |  | | |
| Email: |  | |  | | |
| No. patients |  | | No. episodes/visits | |  |
| Start date |  | | End date | |  |

***Please supply a copy of the trial protocol and any supporting documentation.***

**2. PATHOLOGY SERVICES REQUIRED** (For details of special conditions, see below)

|  |  |  |
| --- | --- | --- |
| ITEM | **CHARGE\*** | |
| Pathology laboratory initial **set up fee** – includes protocol review, documentation, IT set up, administration & accounts |  | |
| Analyte/test/service | Episodes/visits  per patient | PATHOLOGY USE ONLY  Charge allocation/episode\* |
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|  |  |  |
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\*Note: If applicable. Note that additional GST is applicable for research testing.

**3. SPECIAL CONDITIONS**

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**4. SPONSOR DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding source  (please tick) | Commercial |  | NHMRC |  | Internal |  |
| Details |  | | | | | |

**5. SOURCE OF FUNDING (please tick appropriate source)**

|  |  |
| --- | --- |
| Internal funding approved by Academic Research & Development Committee |  |
| Separate Source / External funding approved by: |  |
| Other – Normal Patient Care (charged as interhospital) |  |

**MERCY PUBLIC HOSPITALS INC. APPROVAL** (to be filled in if using internal funding)

**(Incorporating Mercy Hospital for Women)**

Project Approved by A/Prof David Allen, Chair of Mercy Health Services – Academic Research & Development Committee.

Name: Date: Signed:

**6. PATHOLOGY APPROVAL**

Signature of Pathology Trial Coordinator

Name:Date:

**Undertaking by Principal Investigator** **of Trial/Study**

* Agrees to notify Austin Pathology prior to the commencement, and upon completion or withdrawal of the trial or study project.
* Agrees to be responsible for all funding arrangements between Mercy Hospital for Women, any third party and Austin Pathology
* Agrees to ensure that adequate funds are available to cover the agreed costs and that payment of invoices is within the time frames set out by Pathology.
* Agrees to any conditions set out by Austin Pathology
* Recognises that default of payment may preclude approval of future studies
* Recognises over the length of the study/trial there may be changes in methodology and instrumentation
* Recognises that this quotation is only valid if the study commences within 6 months.
* Recognises that costs may change in line with changes in MBS fees, consumable or testing charges.

Signature of Principal Investigator:

Name:Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Application Rec’d in Trials |  | Ethics No. |  |