**Austin HEALTH | Pathology**

Quote #

# CLINICAL TRIALS/RESEARCH APPLICATION

(For Clinical Trial Office Use Only)

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

## 1. PROJECT DETAILS

Quote #

| | |
|---|---|
| **Title of project/study** | Click or tap here to enter text. |

| **Protocol no:** | Click or tap here to enter text. | **Dept./Unit:** | Click or tap here to enter text. |
|---|---|---|---|

| **Principal Investigator** | | **Research Coordinator** | |
|---|---|---|---|
| **Name:** | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Address:** | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Phone:** | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Email:** | Click or tap here to enter text. | Click or tap here to enter text. | |
| **No. patients:** | Click or tap here to enter text. | **No. episodes/visits:** | Click or tap here to enter text. |
| **Start date:** | Click or tap to enter a date. | **End date:** | Click or tap to enter a date. |

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

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

| ITEM | CHARGE* (Pathology Use Only) | | |
|---|---|---|---|
| Pathology laboratory initial **set up fee** – includes protocol review, documentation, IT set up, administration & accounts | | | |

| Analyte/test/service | Episodes/ visits per pt | Is the test additional to routine care? (Y/N) | PATHOLOGY USE ONLY | |
|---|---|---|---|---|
| | | | Charge per episode* | Panel Codes |
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Note that **additional GST may be applicable**. See Section 5. 'Account details'

## 3. SPECIAL CONDITIONS

Click or tap here to enter text.

## 4. SPONSOR DETAILS

| Funding source (please tick) | Commercial | ☐ | NHMRC | ☐ | AHMRF | ☐ | Other | ☐ |
|---|---|---|---|---|---|---|---|---|
| Details | Click or tap here to enter text. | | | | | | | |

## 5. ACCOUNT DETAILS

| | Payment account type eg. SPF, cost centre, AHMRF, other | Account no: | GST applicable? (Pathology use only) |
|---|---|---|---|
| **Austin Health applicants only** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **All applicants:** Person responsible for account payment | Click or tap here to enter text. | | |

## 6. PATHOLOGY APPROVAL

Signature of Pathology Trial Co-Ordinator: _____

Name: _____  Date: _____

## UNDERTAKING BY PRINCIPAL INVESTIGATOR OF TRIAL/STUDY

- Agrees to be responsible for funding arrangements between Austin Pathology and the sponsoring organisation

- 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 Pathology
- Recognises that default of payment may preclude approval of future studies
- Will contact Pathology prior to commencement of the trial
- Recognises that 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 price increases and therefore original pricing may vary.
- Agrees to notify Pathology upon either completion or withdrawal of the study.


Signature of Principal Investigator: _____

Name: _____  Date: _____

Pathology Use Only

| Application Received in Trials | |
|---|---|