Supporting Department Declaration

|  |  |
| --- | --- |
| **HREC Reference Number**(Obtain from RCH Research Ethics & Governance **prior** to contacting Supporting Department[**PRE-SUBMMISSION FORM**](https://redcap.mcri.edu.au/surveys/?s=TPK3M8CHHK))  |  |

1. **Project Details**

|  |  |
| --- | --- |
| **Supporting Department** |       |
| **Principal Investigator** |       | **Phone No:**       |
| **Study Coordinator** |       | **Phone No:**       |
| **Project Title** |       |
| **Protocol No** *(if applicable)* |       |
| **Source/s of Funding** |       |
| **Expected Commencement Date** | Click here to enter a date. |
| **Expected Completion Date** | Click here to enter a date. |
| **Billing Period** | [ ]  Monthly [ ]  Quarterly [ ]  Per Patient [ ]  Other.................................... |

**2.0 Supporting Department Endorsement & Schedule of Fees**

After reading the protocol and discussing the study with the Principal Investigator, I confirm that the <<insert supporting department name>> is:

[ ]  **Unable** to conduct the investigations indicated below with the present resources of the department and/or support the conduct of this project for the following reason/s:



[ ]  **Able** to conduct the investigations indicated below with the present resources of the department and/or support the conduct of this project via in-kind support

[ ]  **Able** to conduct the investigations indicated below with the fee schedule indicated below

**Agreed schedule of costs (list each cost as a line item, including set up and per patient costs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services/Procedures** | **Occasions** | **Number of Patients** | **Is the test STANDARD patient care?\* Y/N** | **Cost/ In-kind support** |
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1. **Special Conditions**

List any special conditions in the box below:



1. **Complete for Laboratory Services**

|  |  |
| --- | --- |
| **Specimen Collection by Pathology Staff Required** | Tick appropriate box[ ]  YES [ ]  NO |
| **Special Specimen****Collection Requirements** | (e.g. special tubes, time of collection, etc) |
| **Preparation of sample required** | (include special requirements)      |
| **Pathology to organize transport of specimen?** | (include full details of requirements)      |

1. **Billing Details**

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| --- |
| **Supporting Department Details** |
| **Supporting Department Cost Centre *(for internal transfers)*** |       |
| **Biller Details** |
| **Funder Name** |       |
| **Billing Address** |       |

1. **Signatures**

**Undertaking by Head of Supporting Department:**

**Signature (Head of Supporting Department) **

**Print Name **

**Date** Click here to enter a date.

**Undertaking by Principal Investigator of the project:**

*I have discussed this project with* <<insert supporting department head name>> *and appropriate arrangements have been made for this service/department to assist with this project as outlined above.*

**Signature (Principal Investigator) **

**Print Name **

**Date** Click here to enter a date