This form should be submitted by the Principal Investigator (PI) with the research protocol to the relevant Supporting Department that will be required to provide a service for the proposed research project. This form should be completed by the Head of the Supporting Department (or delegate). This form should be used when the project requires: services from another department eg cardiology, surgery; pathology tests, sample handling or other pathology test; medical imaging requests; access to data/tissue; access to medical records that are not part of the patient’s normal treatment (standard of care). The PI should then use the Supporting Department Quotation Request to complete the Financial Analysis form to inform the budget in the Site Specific Assessment form.

| **1** | **RESEARCH PROJECT** | |
| --- | --- | --- |
| 1.1 | Project Reference Number: |  |
| 1.2 | Project Title: |  |
| 1.3 | Short Title: |  |
| 1.4 | Protocol Number: |  |
| 1.5 | Coordinating Principal Investigator / Principal Investigator: |  |
| 1.6 | Health Service Site *(select one)*: | Royal Hobart Hospital  Launceston General Hospital  North West Regional Hospital  Oral Health Services  Ambulance Tasmania  Department of Health  Other |
| 1.7 | *(If Other selected at 1.6)*  Specify Details of Health Service Site: |  |
| 1.8 | Supporting Department *(select one)*: | Pharmacy  Imaging  Pathology  Medical Records  Other |
| 1.9 | *(If Other selected at 1.8)*  Specify Details of Supporting Department: |  |
| 1.10 | Anticipated Site Start Date *(dd/mm/yyyy)*: |  |
| 1.11 | Anticipated Site Finish Date *(dd/mm/yyyy)*: |  |
| 1.12 | Target number of participants expected at this site: |  |

| **2** | **SUPPORTING DEPARTMENT COSTS**  *(this is a Department/Service Area that will provide services to the research project, but is not responsible for the overall conduct of the research project)* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Major category | | Service and Support Item | Cost Description | Cost per test/item | Quantity | | Total Cost |
| Choose an item. | | Choose an item. |  |  |  | |  |
| Choose an item. | | Choose an item. |  |  |  | |  |
| Choose an item. | | Choose an item. |  |  |  | |  |
| Choose an item. | | Choose an item. |  |  |  | |  |
| *(add/remove rows as required)* | | | | | | | |
| Total Cost *(transfer this amount to Section 3 of the Financial Analysis form)* | | | | | |  | |

| **3** | **SUPPORTING DEPARTMENT DECLARATION** | |
| --- | --- | --- |
| * I have read the research project application and protocol named above. * I have discussed this research project, and the resource implications for this department, with the Principal Investigator. * All investigators/students/staff from my department involved in the research project have the skills, training and experience necessary to undertake their role. * There are suitable and adequate facilities and resources for the research project to be conducted at this site. * I support this research project being carried out using such resources and funding as documented in the budget. | | |
| 3.1 | Name: |  | |
| 3.2 | Position: |  | |
| 3.3 | Signature: |  | |
| 3.4 | Date *(dd/mm/yyyy)*: |  | |

*If you require assistance or have feedback regarding the use of this form, please contact* [*research.governance@health.tas.gov.au*](mailto:research.governance@health.tas.gov.au)*.*