

CMN RGO Submission/Authorisation Self-Assessment

Document	Date	Initials or Confirmed by	Date Uploaded to SSA on REGIS	Lead uploaded	Comments
	Column 2	Column 3	Column 4	Column 5	
Site Budget Prepared <i>(negotiated with sponsor prior to REGIS upload)</i>				N/A	
Sponsor Budget/CTRA to Pharmacy			N/A	N/A	
Sponsor budget/CTRA/Indemnity approved			N/A	N/A	<i>this is only completed once CTU & pharmacy agree on budget</i>
CTRA/Indemnity Final signed by site PI				N/A	
HREC Approval letter <i>(checked by CTU for accuracy)</i>				Y / N	
All Approved Master Documents <i>(Checked for accuracy)</i>				Y / N	
CMN PICs approved by sponsor			N/A	N/A	
? CMN PICs sent for Catholic Wording approval			N/A	N/A	
CMN Catholic wording Approval of Site PICs ? Upload this email/document or send via email with docs				N/A	? Make a document to be signed or use return email
Service Level Agreements (SLAs) signed <i>(all applicable internal CMN department heads are required to sign an SLA with the CTU)</i>	N/A		N/A	N/A	<i>Checklist only initialed when all SLAs are completed Sign date of each CMN dept will be captured on the "Declaration by Head of Supporting Department" (DHoSD) form</i>
Declaration by Head of Supporting Dept. Form (DHoSD)	N/A	N/A		N/A	<i>All supporting Dep.t Heads signs & dates this form</i>

Available cells in columns 2-5 to be completed by the staff member completing the submission