

**CALVARY HEALTH CARE ADELAIDE (CHCA)
 RESEARCH GOVERNANCE SUBMISSION FORM PART A**

GOVERNANCE SUBMISSION FORM FOR RESEARCH TO BE UNDERTAKEN WITHIN CALVARY HEALTH CARE ADELAIDE

PART A: Prior to HREC submission, please complete and submit this form to the CHCA Research Governance officer: Toni-Ann Miller, Toni-Ann.Miller@calvarycare.org.au

Site and Investigator Details	
HREC Reference Number (if known)	Enter text
HREC Submission Date	Select date
Study Title	
Project Principal Investigator (mark NA if not applicable)	Enter text
Local Principal Investigator (must have affiliation with Calvary)	Enter text
CHCA Site/s	<input type="checkbox"/> Calvary Adelaide Hospital <input type="checkbox"/> Calvary Central Districts Hospital <input type="checkbox"/> Calvary Community Care <input type="checkbox"/> Calvary Flora McDonald Residential Community <input type="checkbox"/> Calvary North Adelaide Hospital <input type="checkbox"/> Calvary St Catherine’s Residential Community

Project Details	
Brief Lay Description of Project	Enter text
Anticipated Start Date	Select date
Anticipated Stop Date	Select date
Number of participants anticipated for Calvary Site/s	Enter text

<p>Does this project require access to Calvary medical records?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (if yes, do participants provide consent for this?)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 40px;"><input type="checkbox"/> No (if no, provide justification)</p>
<p>Does this project require radiation exposure above standard of care?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (has a radiation physicist report been obtained, and has EPA been notified)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 40px;"><input type="checkbox"/> No (please complete prior to submission of governance form)</p>

Project Resources	
<p>Is this project a clinical drug trial?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (if yes, has HPS agreed to assist with drug management?)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 40px;"><input type="checkbox"/> No (provide details)</p>
<p>Does this project require use of a device?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (if yes, is the device to be used in place of another device, and what are the cost implications of this).</p>
<p>List any Calvary Departments/Services to be involved in the project</p>	<p>Enter text</p>
<p>List any specific medical equipment/devices/prosthetics/chair access etc. that will be required.</p>	<p>Enter text</p>
<p>Have all relevant personnel been informed?</p>	<p><input type="checkbox"/> VMO</p> <p><input type="checkbox"/> Nursing Staff</p> <p><input type="checkbox"/> Other</p>
<p>List any other services or resources required (i.e Imaging facility, pharmacy etc)</p>	<p>Enter text</p>
<p>For each Calvary department/service listed above, you must provide written evidence that the project has been discussed with the appropriate delegate of the department/service, confirming they have the capacity to assist with the project (please complete a separate Appendix 1 for each Calvary department/service and submit with this form)</p>	

Insurance and Indemnity Arrangements	
Is this project a Sponsored trial?	<input type="checkbox"/> No (if not, provide insurance certificate for Local Principal Investigator, which must include cover for research/clinical trials) <input type="checkbox"/> Yes (if yes, provide Medicines Australia indemnity for CHCA, insurance certificate and Medicines Australia CTRA)
Are there any indemnity or insurance exclusions/deductibles?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)
Funding Source	<input type="checkbox"/> Commercially Sponsored <input type="checkbox"/> Other external (i.e. research grants) <input type="checkbox"/> Other (provide details)

Local Principal Investigator Name: Enter text

Signature: _____

Date: _____