

**CLINICAL TRIALS INFORMATION FORM**

<b>Date</b>			
<b>Full Study Title</b>			
<b>Short Title</b> (Protocol number)			
<b>Principal Investigator (PI)</b> <b>ONLY ONE PI PER FORM</b>	<b>Contact Email</b>		
	<b>Contact Phone</b>		
<b>Trial Coordinator</b>	<b>Contact Email</b>		
	<b>Contact Phone</b>		
<b>Department/Address</b>			
<b>Expected Start Date</b>		<b>Study Duration</b>	
<b>Recruitment Period</b>			
<b>No. of Subjects to be screened</b>		<b>No. of Subjects to be recruited</b>	
<b>Details of Testing required at each visit</b>	<i>Tests/Protocol must be clearly specified in relation to Standard of Care, Clinical Trials Tests and Central Laboratory Tests (please attach schedule if detailed)</i>		
<b>Trial Site/Network</b> <b>TICK ONE BOX ONLY</b> <b>PER FORM</b>	<input type="checkbox"/> Armadale Hospital <input type="checkbox"/> Bentley Hospital <input type="checkbox"/> Fiona Stanley Hospital <input type="checkbox"/> Fremantle Hospital <input type="checkbox"/> King Edward Memorial Hospital <input type="checkbox"/> Osborne Park Hospital <input type="checkbox"/> Perth Children's Hospital <input type="checkbox"/> Rockingham Hospital <input type="checkbox"/> Royal Perth Hospital <input type="checkbox"/> Sir Charles Gairdner Hospital <input type="checkbox"/> WACHS REGIONAL HOSPITALS please specify: _____		
<b>Will Phlebotomy be Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify PathWest Collection Centre patients will be utilising:</i>		
<b>Will Samples be collected outside normal working hours (8.30am-4.30pm) for Time Point Test/s</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>		

<b>Will Special Handling be required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>		
<b>Will Special Storage be required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>		
<b>Will Special Transport be required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>  <b>Prepaid Couriers</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PathWest Staff to arrange shipping</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Others:</b>		
<b>Will Sample logs be maintained by PathWest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has Ethics Approval been granted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide HREC reference number and date of approval:</i>		
<b>Funding Source</b>			
<b>RGS #</b>			
<b>Clinical Trial #</b>			
<b>ACCOUNTING INFORMATION (Following details MUST be provided)</b>			
<b>Accounts to be addressed to</b>	<b>Name</b>		
	<b>Title</b>		
<b>Invoicing</b>	<b>Name</b>		
	<b>Address</b>		
	<b>Email</b>		
	<b>Contact Phone</b>		
<b>If Account sent as Journal -provide Cost centre</b>	<b>Cost Centre</b>		
<b>Business ABN# or Company ACN#</b>			
<b>Name of University &amp; Purchase Order No. #</b>			
<b>Name of Trial Coordinator</b>		<b>Signature</b>	<b>Date</b>

Please email [pathwestclinicaltrials@health.wa.gov.au](mailto:pathwestclinicaltrials@health.wa.gov.au) attaching this form and an electronic copy of the study Protocol.

**PathWest will provide pre-printed Clinical Trials Request forms for all research testing, which must be used to ensure appropriate invoicing in line with Research Governance Requirements.**

***\*\*\*\* Please allow 2 weeks for the production of a Clinical Trials Request form.***