

Research Application

Together, providing a world class research network that translates to real and positive community impact.

Please provide ***all*** requested information to ensure timely set up.

We look forward to collaborating with you.



◆ S.1 - Administrative Details

APPLICANT DETAILS	
Organisation:	
Location (City):	
Application Date:	
Coordinator Name:	
<i>Email:</i>	
<i>Phone:</i>	
RESEARCH PAPER	
Study Name:	
Study Short Code:	
Study Description:	
Principal Investigator:	
<i>Email:</i>	
<i>Phone:</i>	
<i>Address:</i>	
Co-Principal Investigator:	

◆ S.2 - Funding Details

FUNDING DETAILS

Sponsor Organisation:	
Organisation's Country:	
Organisation to Invoice:	
Invoicing Preference:	<i>per patient / per week / per month / per year</i>
Attention Name:	
Email:	
Phone:	
Address:	

◆ S.3 - Imaging Details

IMAGING REQUIREMENTS	
Imaging Location:	Auckland Tauranga Waikato Wellington/Manawatu Nelson Canterbury Otago/Southland
Modality and Body Region:	
Reporting Requirements:	<i>i.e. RECIST 1.1, Lugano, screening read only</i>
Phantom Scan Required?: <i>if so, for which scans?</i>	
Training Requirements:	<i>Imaging Technologists? Radiologists?</i>
Referring Clinician/s:	
Referrer's Clinic/Location:	
Screening Estimate:	<i>Screening Scan and Number of Screens Expected</i>
No. of Enrolled Participants:	
Total Scans per Participant:	
Time Points:	
Planned Study Start Date:	
Recruitment Period (Length):	
Enrolment Period (Length):	
Expected Study End Date:	

◆ S.4 - RHCNZ Requirements

DOCUMENTS & INFORMATION TO ENCLOSE	
Ethics Approval: <i>please note that this is required prior to a referral form being sent out</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your study deemed "company sponsored" by HDEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide evidence of suitable insurance coverage, i.e., Principal Investigator Indemnity Insurance and/or Sponsor Insurance. If no, we assume your study is eligible for ACC (or equivalent) coverage.	
If applicable, does your Principal Indemnity Insurance and/or Sponsor Insurance cover your third-party service providers, i.e., RHCNZ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Study Protocol:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Imaging Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data Transfer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Method:</i>	
<i>For all images or only select images?</i>	

Once completed, please email to the Research Administrator at research@rhcnz.com.

Please ensure that all fields are completed and accurate. If any fields are not filled out, the application will be returned.