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| **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

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

## S.2 - Funding Details

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| **FUNDING DETAILS** |
| **Sponsor Organisation:** |  |
|  ***Organisation’s Country:*** |  |
| **Organisation to Invoice:** |  |
|  ***Invoicing Preference:*** | *per patient / per week / per month / per year* |  |
|  ***Attention Name:*** |  |
|  ***Email:*** |  |
|  ***Phone:*** |  |
|  ***Address:*** |  |

## S.3 - Imaging Details

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| **IMAGING REQUIREMENTS** |
| **Imaging Location:** | Auckland | Tauranga | Waikato | Wellington/Manawatu | Nelson | Canterbury | Otago/Southland |
| **Modality and Body Region:** |  |
| **Reporting Requirements:** | *i.e. RECIST 1.1, Lugano, screening read only* |  |
| **Phantom Scan Required?:***if so, for which scans?* |  |
| **Training Requirements:** | *Imaging Technologists?**Radiologists?* |  |
| **Referring Clinician/s:** |  |
|  ***Referrer’s Clinic/Location:*** |  |
| **Screening Estimate:** | *Screening Scan and Number of Screens Expected* |  |
| **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

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| **DOCUMENTS & INFORMATION TO ENCLOSE** |
| **Ethics Approval:***please note that this is required prior to a referral form being sent out* | [ ] Yes [ ] No |
| **Is your study deemed “company sponsored” by HDEC?**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. | [ ] Yes [ ] No |
| **If applicable, does your Principal Indemnity Insurance and/or Sponsor Insurance cover your third-party service providers, i.e., RHCNZ?** | [ ] Yes [ ] No |
| **Study Protocol:** | [ ] Yes [ ] No |
| **Imaging Guidelines:** | [ ] Yes [ ] No |
| **Data Transfer:** | [ ] Yes [ ] No |
|  ***Method:*** |  |
|  ***For all images or only select images?*** |  |

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.*