|  |  |
| --- | --- |
| **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:** |  | |
| **Email:** |  | |
| **Phone:** |  | |
| **RESEARCH PAPER** | | |
| **Study Name:** | |  |
| **Study Short Code:** | |  |
| **Study Description:** | |  |
| **Principal Investigator:** | |  |
| ***Email:*** | |  |
| ***Phone:*** | |  |
| ***Address:*** | |  |
| **Co-Principal Investigator:** | |  |

## S.2 - Funding Details

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |
| --- | --- |
| **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.*