**Form**

**Clinical Research Rooms (CRR) – Services**

**Resource Centre Declaration**

The Clinical Research Rooms (CRR) are located in the Baker Specialist Clinics on Level 4 of the Alfred Centre (ACS2) and support the Baker Institute’s clinical research projects.

Projects using the CRR must submit this completed form to the Clinical Research Resource Coordinator; Medini Reddy ([medini.reddy@baker.edu.au](mailto:medini.reddy@baker.edu.au)) for approval.

This information is required to coordinate access to the CRR facilities, equipment and general consumables and to calculate the cost to projects of using these resources.

Before submitting the form, please obtain the following:

1. Ethics approval must be sought from the Alfred Hospital Human Research Ethics Committee (HREC) if Alfred hospital patients are involved and this form must be submitted as part of that application.
2. A copy of the “certificate of approval” by Ethics is required by the Clinical Research Resource Coordinator.

**Please arrange a meeting with Medini Reddy to discuss room, equipment and consumables usage. Meetings are available on Mondays.**

|  |  |  |
| --- | --- | --- |
| Declaration | | |
| Title of project / study: |  | |
| Department/Unit requesting: |  | |
| Researcher: |  | Extension: |
| Coordinator: |  | Extension: |
| Expected commencement date: | / / | |
| Expected completion date: | / / | |
| Submission date for the Alfred Ethics Committee approval: | / / | |

|  |  |  |
| --- | --- | --- |
| Funding information | | |
| Account details: |  | |
| Source of Trial Funding: |  | |
| Person responsible for account payment: |  | Extension: |

|  |
| --- |
| Tasks completed |
| 🞎 Clinical Room use approved |
| 🞎 Consumables use approved |
| 🞎 Money transferred to Central Fund |
| 🞎 Equipment usage approved |
| 🞎 All staff inducted in CRR |
| **Please attach any special conditions relating to this trial.** |

|  |  |  |
| --- | --- | --- |
| Trial Coordinator | | |
| Name: |  | |
| Signature: |  | Date: / / |

|  |  |  |
| --- | --- | --- |
| Clinical Research Resource Coordinator | | |
| Name: | Medini Reddy | |
| Signature: |  | Date: / / |

**Undertaking by Principal Investigator of the trial:**

* Agrees to look after all funding arrangements between Clinical Research Rooms and the sponsoring body.
* Agrees to ensure that adequate funds are available and that payments will be made from project funds to CRR central fund to cover all the agreed costs within the time frames set out by the CRR.
* Agrees to all conditions outlined by the CRR SOP.
* Knows that default of payment may prejudice approval of future trials.
* Will notify the Clinical Research Resource Coordinator at commencement and completion of the trial.

|  |  |  |
| --- | --- | --- |
| Principal Investigator | | |
| Name: |  | |
| Signature: |  | Date: / / |

**Version**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Custodian | Created | Last review | Next review | Date of effect |
| Clinical Research Resource Coordinator | August 2019 | July 2020 | August 2021 | August 2020 |