



**Research Contracts Approval & Study Execution (RCASE) Form
Single Site**

STUDY INFORMATION

ERM ID:	
Facility/Service:	Study title:
Dept/Division/Service Line:	Risk: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PURPOSE OF SUBMISSION

New Site Specific Assessment (SSA)	Confidentiality Disclosure Agreement (CDA)
Contract amendment/variation	Other:

SUPPORTING DOCUMENTS ATTACHED

Must include:	If applicable/available:
Research protocol	Ethics clearance letter
Appropriate delegate/s identified based on overall risk rating	Facility/Service Research Committee review
	Endorsement from other involved Departments/Divisions (e.g., email or letter of support)

FINANCIAL INFORMATION (MANDATORY)

Budget	Operational cost centre:		Externally funded
	Research ION:		MSH RSS funded
	Project FTE:		MSH funded only
	In-kind costs:		Proof of funding attached <input type="checkbox"/>
	Total budget for study:		Detailed budget attached <input type="checkbox"/>

Funding Total number of funding sources/bodies:

	1	2	3
Funding source/body name:			
Grant application no:			
Amount funded/contract value:			

PRINCIPAL INVESTIGATOR SIGNATURE (REQUIRED FOR ALL PROJECTS)

I will take responsibility for the conduct of this study according to the [Metro South Research Policy Framework](#)

I do not have a perceived, potential or actual conflict of interest that conflicts or may conflict with my duties for this study

Name: Position:

Signed: Date:

HEAD OF DEPARTMENT (REQUIRED FOR ALL PROJECTS)

My signature indicates that I agree for the use of resources under my delegated authority

Name: Position:

Signed: Date:

If the Head of Department is an investigator on the study, endorsement must be given by their Line Manager

FINANCE/BUSINESS MANAGER (OR PAH DIVISIONAL DIRECTOR) SIGNATURE (REQUIRED >\$10,000)

I agree to cost allocations and resources under my delegated authority

I have reviewed and endorsed the budget

Name: Position:

Signed: Date:

If the total funds study is under \$10k the Division/Service Line can sign as the financial delegate

CLINICAL LEAD (ABOVE HEAD OF DEPARTMENT) SIGNATURE – MEDIUM RISK AND HIGHER

My signature indicates that I agree for the use of resources under my delegated authority

Name: Position:

Signed: Date:

If the Division/Service Line is an investigator on the study, endorsement must be given by their Line Manager

FACILITY/SERVICE EXECUTIVE DIRECTOR SIGNATURE – HIGH AND VERY HIGH RISK

My signature indicates that I agree for the use of resources under my delegated authority

Name: Position:

Signed: Date:

If the Facility Executive Director is an investigator on the study, endorsement must be given by their Line Manager

CHIEF OPERATING OFFICER – VERY HIGH RISK

My signature indicates that I agree for the use of resources under my delegated authority

Name: Position:

Signed: Date:

If the MSH Executive Director is an investigator on the study, endorsement must be given by their Line Manager

Metro South Research

METRO SOUTH RESEARCH GOVERNANCE OFFICE (MSRGO) REVIEW



Contract specific information

Start Date:

End date:

Extension
Legal advice
Guarantees

Contracting Party:
ABN:
Type of contract:
Contract value:
Variation +/-:

Recommendation

Note: The contract value determines the [financial delegation](#) required. Variations must be signed by an appropriate delegate.

If contracting with a foreign country/ies government/s and their departments/agencies, you MUST contact [MSH Legal](#)

Name:
Signed:

Position:
Date:

HSCE/DELEGATE, CPER or EDMSR APPROVAL (MSRGO ONLY)



Name:
Signed:

Position:
Date: