**Clinical Research Governance - Evidence of final approvals**

|  |
| --- |
| *This form* ***must*** *be completed by the Clinical Trials Unit and sent to* *clinical.research@mqhealth.org.au* |

***Select research type***

**Project related information**

|  |
| --- |
| 1. Project title
 |
|  |

|  |
| --- |
| 1. Principal Investigator full name
 |
|  |

|  |
| --- |
| 1. Trial Sponsor *(select one checkbox)*
 |

[ ]  Pharma sponsor

[ ]  IICT - MQ is a sponsor

[ ]  IICT - other sponsor MQ is a site

|  |
| --- |
| 1. Clinical Research Governance Reference number
 |
| **MQCRG** |

|  |
| --- |
| 1. MQ HREC Reference *(4-digit project code)*
 |
|  |

**Declaration**

[ ]  I declare that all information provided in this form is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **Conditions** | **Y / N** | **Approval/sign off date** | **Comments** |
| **Evidence of MQ HREC Approval**  | Select Y/N | Click or tap to enter a date. |  |
| **Executed Contract and Indemnity****(CTRA) orother research contract/agreement)**  | Select Y/N | Click or tap to enter a date. |  |
| **Signed**[**IICT PI agreement**](https://staff.mq.edu.au/research/resources-and-support/fmhs-research-resources/media-and-documents/IICT-Principal-Investigator-Agreement.pdf)**where MQ is a sponsor. (*Must be sent with evidence of final approval form notification*)** | Select Y/N | Click or tap to enter a date. |  |
| **Other signed agreement/s with service providers (e.g., pharmacy, MMI)**  | Select Y/N | Click or tap to enter a date. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Click or tap to enter a date. |
| **Name** |  | **Signature** |  | **Date** |