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

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| *This form* ***must*** *be completed by the Clinical Trials Unit and sent to* [*clinical.research@mqhealth.org.au*](mailto:clinical.research@mqhealth.org.au) |

***Select research type***

**Project related information**

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

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| 1. Principal Investigator full name |
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| 1. Trial Sponsor *(select one checkbox)* |

Pharma sponsor

IICT - MQ is a sponsor

IICT - other sponsor MQ is a site

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

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

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

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| **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. |  |

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