

Monash Health Human Research Ethics Committee

FORM 4A: MONASH PATHOLOGY

Certification of Project by Head of Department / Business Manager

Full Project Title:

Study Protocol:

HREC Project No.

I have discussed this study with the Principal Researcher / Clinical Trial Coordinator and have seen the application and the protocol.

I am –

- checkbox Able to complete the investigations with financial assistance provided as detailed in the Letter of Offer Document for this study
checkbox Able to complete the investigations within the resources of Monash Pathology
checkbox Unable to complete the investigations within the present resources of Monash Pathology.

FEES: All Fees for Monash Pathology Service have been included in the attached Letter of Offer Document and accepted. Any amendments to the original quote must have been documented on the Amended Offer Document, signed by both parties, and forwarded to Research Ethics Directorate with this document.

NOTE: Tests required for standard care must be requested on a separate request form. Otherwise these tests will also be identified as part of the trial and charged to the trial.

PATHOLOGY CLINICAL TRIALS MANAGER

Name: Michael Daskalakis Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PLEASE IDENTIFY (CIRCLE) TRIAL FUNDING SOURCE

- A) Departmental Research Funds B) Commercial Sponsor, C) Monash University
D) Other: Specify: .....

PRINCIPAL RESEARCHER'S DECLARATION

I have discussed this project with my Head of Department and confirm appropriate arrangements have been made for the Pathology department to assist with this project as detailed in the Letter of Offer.

Name of Principal Researcher: \_\_\_\_\_

Principal Researcher Signature: ..... Date: \_\_\_/\_\_\_/\_\_\_

PATHOLOGY BUSINESS MANAGER

Pathology Business Manager Signature: ..... Date: \_\_\_/\_\_\_/\_\_\_

HEAD OF DEPARTMENT'S DECLARATION

I confirm my support for this project as outlined in the Letter of Offer

Name of Head of Pathology Department: Kevin Ericksen

Head of Department Signature: ..... Date: \_\_\_/\_\_\_/\_\_\_