

PALMS RESEARCH QUOTE REQUEST FORM

PROJECT TITLE : (Protocol is required)		
IS THE PROJECT CLINICAL RESEARCH: <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER		
DATE OF APPLICATION:		
APPLICANT		
CONTACT NAME		
CONTACT ADDRESS		
PHONE & FAX		
EMAIL		
PRINCIPAL INVESTIGATORS		
CONTACT NAME		
CONTACT ADDRESS		
PHONE & FAX		
EMAIL		
PROJECT DURATION		
STARTING DATE		
FINISHING DATE		
CLINICAL RESEARCH TESTS (Attach sheet if necessary)	Clinical Research Tests (Please specify)	PaLMS Assessment
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
SPECIAL REQUIREMENTS		
COLLECTION CONSUMABLES (Type and No)		
TRANSPORT		
ANALYSIS (i.e. specific protocols)		
STORAGE		
DATA & RESULTS RECORD		
DATA ANALYSIS		
OTHER		
SPECIMENS (EXPECTED)		
NUMBER OF PATIENTS		

NUMBER OF SPECIMENS			
CLINICAL TIMES & SPECIMENS (EXPECTED)	ATTACH SCHEDULE IF AVAILBLE		
ARRIVAL DATES			
DAYS OF WEEK / TIME OF DAY			
REPORTING REQUIREMENTS	Principle Report Addressee	Additional Report Addressee	
NAME (attach additional page if required)			
ADDRESS FOR RESULTS			
PHONE and FAX NUMBERS			
NO. OF COPIES			
TYPE OF REPORT eg Hard copy or fax			
SPECIAL INFORMATION ON REPORT			
PATIENT IDENTIFICATION/CODING			
REFERENCE INTERVALS DOCUMENT	YES	NO	
INVOICE PROCESS			
INVOICE CONTACT NAME			
INVOICE POSTAL ADDRESS			
CHARGE TO : AHS DEPARTMENT & COST CENTRE			
NAME OF SPONSOR (IF APPLICABLE)			
OUTSIDE FUNDING SOURCE			
OTHER			
PaLMS USE ONLY			
PROTOCOL		LABORATORY RESEARCH ACCEPTANCE FORM/S	
QUOTE 4A		RESEARCH NO. ALLOCATION	
QUOTE 4B		AUSLAB CONNECTION	
INFORMATICS REQUEST FOR CHANGE & CT REGISTRATION FORM		PATHNET CONNECTION	

Please complete and sign this application form and submit to the PaLMS Clinical Research Coordinator for assessment and costing.

A Quote for Pathology services will then be arranged. You will receive two Pathology Quotes, 4a & 4b.

- Please submit quote 4a to the NSCCAHS Research Governance Officer when applying for Site Authorisation via the NSW Health Site Specific Assessment Form for the Clinical Research
- Please sign and date quote 4b, keep a copy, and return original to the PaLMS Clinical Research Coordinator prior to commencing the Research.

All enquiries to the Clinical Research Coordinator

Phone: (02) 8425 3129 E-mail: rshi@nsccahs.health.nsw.gov.au