

Research authorisation checklist/database form

1. Principal investigator: _____ Contact number: _____

Project title: _____

Proposed start date: _____
dd/mm/yy

Brief outline of the research/study: _____

Number of researchers involved _____

Research project/study funds in \$ (either by patient or for the full amount of the study grant):

Full time equivalent (FTE) of principal investigator and other researchers' time devoted to this project:

2. Approval received from specific bodies? Yes No n/a
e.g. National Radiation Laboratory, Standing Committee on Therapeutic Trials (SCOTT)

State which: _____

- 2.1 **Research project** - statistical data collection for the Ministry of Health, Department of Statistics, Ministry of Research, Science and Technology and other government funding agencies

- 2.1.2 **Research funding category** - please tick the funding category which best represents the type of funding received

Own funds

NZ private sector

NZ government funding agency

Other NZ government department

NZ tertiary education

Overseas funds

- 2.1.3 **Research category** - please tick the category which best represents the type of research being carried out. Please refer to the research definitions below:

Research category definitions

- **Pure basic research** - research to pursue knowledge without any particular application in view
- **Targeted basic research** - research to produce a broad base of new knowledge likely to underpin solutions to current or future applications
- **Applied research** - new work undertaken to acquire knowledge for a specific practical aim, or work to determine possible uses of basic research or work to determine new ways of achieving a predetermined objective

- **Experimental development** – systematic work undertaken using existing knowledge for the purpose of creating new or improved materials, products, processes and/or services

Pure basic research

Targeted basic research

Applied research

Experimental development

Commercial drug trial

3. Approval of increased workload and/or payment arrangements by clinical director of area where research is likely to impact (e.g. laboratory, nursing, pharmacy, radiology, medical records etc).

Service area	Date dd/mm/yy	Signature: clinical director (or delegate)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. All reasonable actions have been taken to comply with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

5. Service unit manager / clinical director approves research project.

Signature: _____

Date: _____
dd/mm/yy

6. Service manager ensures research project complies with applicable legislation and approves research project:

Signature: _____

Date: _____
dd/mm/yy

Documents required for signoff at service unit level:

- Copy of completed Ethics Application form, including Part V Declaration and Locality Assessment
- Project budget (approved by service unit accountant)

7. Attachments required for final sign-off:

	Approved/completed by:	
7.1 Letter of ethical approval	Ethics committee	<input type="checkbox"/>
7.2 Copy of completed ethics application form	Principal investigator	<input type="checkbox"/>
7.3 Approved project budget	Service unit accountant	<input type="checkbox"/>
7.4 Signed Waikato DHB Deed of Indemnity (if relevant)	External sponsor/agency	<input type="checkbox"/>
7.5 Approved site agreements or other contractual documentation (if relevant)	Waikato DHB corporate solicitor/legal advisor	<input type="checkbox"/>
7.6 Lodge copy of form with office of chair, Board of Clinical Governance (level 9 Menzies Building) for database number to be allocated		

<p>Approval to proceed</p> <p>Signed: _____ Relevant Group Manager</p> <p>Date: _____ dd/mm/yy</p> <p>Signed: _____ Chief Operating Officer</p> <p>Date: _____ dd/mm/yy</p>	<p>Research database number. This must be present for final approval.</p>
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