



### CLINICAL TRIAL PROJECT APPLICATION

<b>TITLE OF PROJECT</b>	
<b>DATE OF APPLICATION</b>	
<b>PaLMS STUDY NO.</b> (to be allocated)	
<b>PRINCIPAL INVESTIGATORS</b>	
CONTACT NAME	
CONTACT ADDRESS	
PHONE	
FAX	
<b>PROJECT DURATION</b>	
STARTING DATE	
FINISHING DATE	
<b>SPECIMENS</b> NUMBER OF PATIENTS	
ARRIVAL DATES	
DAYS OF WEEK / TIME OF DAY	
<b>TESTS REQUIRED</b> (including frequency)	
(attach sheet if necessary)	
<b>SPECIAL REQUIREMENTS</b>	
COLLECTION CONSUMABLES (Type and No.)	
TRANSPORT	
ANALYSIS (ie. specific protocols)	
STORAGE	
DATA & RESULTS RECORD	
DATA ANALYSIS	



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<b>REPORTING REQUIREMENTS</b>	NAME	
RESULTS TO:-	ADDRESS	
	NO. OF COPIES	
SPECIAL INFORMATION ON REPORT		
PATIENT IDENTIFICATION		
COPIES OF REFERENCE INTERVALS		
ARCHIVE RETENTION TIMES		
ARCHIVE RETRIEVAL REQUIREMENTS		
<b>COST PROCESS</b>		
CHARGE TO :-	COST CENTRE	
	OUTSIDE FUNDING SOURCE	
	OTHER	
<b>LABEL FORMAT</b>	HOW MANY	
(to be attached to each request form)		
<b>SIGNATURE</b>		
<b>PaLMS USE ONLY</b>		
COSTINGS		
STUDY NO. ALLOCATION		
AUSLAB COMPUTER CONNECTION		