Research Resource Request Form

(Other Diagnostic / Support Services)

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| --- | --- |
| **Project Title:** |  |
|  |  |
| **Te Whatu Ora Southern Directorate:** |  |
| **Te Whatu Ora Southern Service:** |  |
| **Proposed start date:** |  | **Proposed end date:** |  |
|  |  |  |  |
| **Principal Investigator** |  |
|  |  |
| **Project contact person:** |  | **Phone:** |  |
| **Email:** |  |
| **Specify service required:** |  |
|  |  |  |  |

### Resource requirements (diagnostics, procedures, staff to assist with research)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of procedures/ services required** | **Unit cost of procedure/ service** | **Number of procedures/ services per participant** | **Anticipated number of participants** | **Total Anticipated Cost** |
|  |  |  |  |  |
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Any comments: (by/to Researcher, Clinical Staff or Manager to complete as required re. resources, staffing, time constraints)

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**Study endorsed by person delivering service:**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  **Name** |  |  **Signature** |  |  **Date** |

**Approved by Service Manager:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name**  | **Signature** | **Date** |