Research Resource Request Form

(Other Diagnostic / Support Services)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Any comments: (by/to Researcher, Clinical Staff or Manager to complete as required re. resources, staffing, time constraints)

|  |
| --- |
|  |

**Study endorsed by person delivering service:**

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

**Approved by Service Manager:**

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