Research Resource Request Form

(Awanui Labs – formerly known as Southern Community Laboratories)

|  |  |
| --- | --- |
| **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:** |  |
|  |  |  |  |

### Resource requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test required** | **\*Unit cost per test (Inc GST)** | **Number per participant** | **Anticipated number of participants** | **Total cost per test (Inc GST)** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

\*Before submitting this form to Awanui Labs retrieve test price from <https://sclabs.co.nz/referrers/patient-charging/> or https://scg.labapps.nz/#/OTG/. Awanui Labs will advise cost of any test not on the price list. **NB: Prices include GST and are subject to change annually on July 1st each year.**

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

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**Cost confirmed by Awanui Labs:**

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

**Send completed form to** **os-ctc@sclabs.co.nz**

**When start date has been confirmed, please complete the following section and return to** **os-ctc@sclabs.co.nz**

|  |  |  |  |
| --- | --- | --- | --- |
| **Research project account** | CF |  |  |

**Confirmed Start Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Signed by Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Awanui Labs do not receive this confirmation testing cannot be guaranteed.**