Research Resource Request Form

(Pharmacy)

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

|  |  |  |
| --- | --- | --- |
| **Description of service required** | **Number of dispensings per participant** | **Anticipated number of participants** |
|  |  |  |

Any comments:

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| --- |
|  |

**Send request form to** [**pharmacy.trials@southerndhb.govt.nz**](mailto:pharmacy.trials@southerndhb.govt.nz) **along with the study Protocol, Pharmacy Manual**

**and any other relevant documentation.**

**Study Endorsed by Pharmacy Manager:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Craig MacKenzie** |  |  |  |  |
| **Name** |  | **Signature** |  | **Date** |

**Approved by General Manager:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Craig Ashton** | |  |  |  | |  |
| **Name** | **Signature** | | | | **Date** | |