Research Resource Request Form

(Pharmacy)

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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:** |  |
|  |  |  |  |

### 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** **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** |