

## Cover Page

Delivered to: <b>Research Ethics Unit</b>	
Date Delivered to Research Ethics Unit:	
Project Name:	
Protocol No.	
Phase:	Investigator Initiated <input type="checkbox"/>
Standard Medicines Australia Agreement <input type="checkbox"/>	Collaborative Study <input type="checkbox"/>
Total Sponsorship (not per patient) \$	CTX Study <input type="checkbox"/>
GST included	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment Details: Account Funds to be paid into	
Proposed start date:	
Proposed completion date:	
Indemnity Provided:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate of Insurance attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trial Co-ordinator	
	Address:
	E-mail
	Tel: