



**HUMAN RESEARCH ETHICS COMMITTEE**

**DEPARTMENT: PHARMACY**

**Declaration by Pharmacy Clinical Trials Manager**

*(This document is to be completed and signed off prior to submission.)*

**PRINCIPAL INVESTIGATOR** (name): .....

**TITLE OF PROJECT:**.....

.....

**PROTOCOL NO:**.....

I have discussed this study with the Principal Investigator or his/her representative and have seen the application and protocol. The Pharmacy is

- Unable** to support the study within the present resources of the Pharmacy Department **but willing** to support it with financial assistance as specified in the box below.

- Charges according to document *Austin Health Pharmacy Services and Charges for Sponsored Clinical Trials* \*
- Charges according to document *Austin Health Pharmacy Services and charges for Non-Commercially Sponsored Studies e.g. Ludwig, ALLG*
- Charges according to document *Austin Health Pharmacy Services and Charges for Non-Sponsored Clinical Trials* \*

*\* each document available from pharmacy upon request*

**FUND TO BE CREDITED:** Pharmacy Clinical Trials Y2005

**FUND TO BE DEBITED :** .....

- Unable** to support the study on the following grounds

**Investigator's Statement :**

I have discussed this project with .....and appropriate arrangements have been made for this service/department to assist with this project as outlined above.

Signature: .....  
**Principal Investigator**

Date:...../...../.....

Signature: .....  
**Pharmacy Clinical Trials Manager**

Date:...../...../.....