**Clinical Trial Governance Application Form**

**University of Tasmania as trial site**

This form is to be completed for all clinical trials conducted at the University of Tasmania where an external group (for example a pharmaceutical company, or another university) is taking the overall responsibility for the trial as sponsor.

For guidance on completion of this form and the required associated documentation, please see the UTAS Clinical Trials Governance [webpage](http://www.utas.edu.au/research-admin/research-integrity-and-ethics-unit-rieu/clinical-trial-governance/clinical-trial-governance-elements) or contact the College of Health and Medicine Research Hub at [Clinical.Trials@utas.edu.au](mailto:clinical.trials@utas.edu.au).

A draft of this form can be submitted at the time of, or prior to, ethics submission. There is no deadline for the submission of governance applications.

Your trial may only commence once this form and all associated documents are finalised, and authorisation has been granted by the Deputy Vice-Chancellor (Research).

Submit this form and all attachments to [Clinical.Trials@utas.edu.au](mailto:clinical.trials@utas.edu.au).

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| Part A | **Trial Details** | | | |
|  | **Trial title** |  | | |
|  | **Principal Investigator**  *Must have University of Tasmania affiliation* | Name:  Position:  University employment type:  *(employee, adjunct, clinical or associate – see:* [*Adjunct, Clinical and Associate Titles Procedure*](https://www.utas.edu.au/academic-division/academic-leadership-and-performance/adjunct-and-clinical-titles)*)*  College:  School/Institute:  Phone:  E-mail:  Other affiliations:  *e.g. Royal Hobart Hospital* | | |
|  | **Trial description** | *Please provide a brief description (maximum 300 words) of the trial using layperson’s terms. The summary should include who the participants will be, what the intervention is and what health outcome(s) will be measured. This summary will be provided to the Deputy Vice-Chancellor (Research) for consideration when reviewing your trial.* | | |
|  | **Site details** | From where will the participants be recruited?  *e.g. Referral by GP, self-referral via media advertising, Menzies Blood Pressure Clinic*  In what environment will the research be conducted?  *e.g. MSP Clinical Research Facility, participants’ own homes, online* | | |
| Single-site or  Multi-site  Australian site(s)  International site(s) | | |
|  | **Sponsorship** | Institutional / Collaborative /  Co-operative *(also known as Investigator-initiated)*  Name of Sponsor:  Name and email of trial PI: | | Commercial *(also known as Industry-initiated)*  Name of Sponsor:  Contact person name and email:  Insurance certificate and the [Medicines Australia Form of Indemnity](https://www.medicinesaustralia.com.au/policy/clinical-trials/indemnity-compensation-guidelines/) attached?  Yes  No, please justify:  *See Part D for additional* *questions* |
|  | **Intervention type** | Drug  Education  Device  Vaccine  Procedure  Other: | | If drug/device, please provide the name: |
|  | **Importing therapeutics** | If drug or vaccine is selected in question 7, please indicate if it is:  A natural product (non-synthetic)  Imported from overseas  If both boxes are ticked, please refer to the Importing Biological Materials section of the UTAS Biosecurity [webpage](https://www.utas.edu.au/research-admin/research-integrity-and-ethics-unit-rieu/biosecurity) and contact [biorisk.management@utas.edu.au](mailto:biorisk.management@utas.edu.au) for advice. | | |
|  | **Regulatory** | Does the trial require acknowledgement by the TGA via a [CTN or CTA](https://www.tga.gov.au/clinical-trials)? | Yes, provide a copy of the CTN (completed by the Sponsor)  No | |
|  | **Trial phase** | Pilot  Phase I  Phase II  Phase III  Phase IV/post marketing surveillance  N/A | | |
|  | **Invasive nature of trial** | Yes, please provide details:  *e.g. blood tests, x-ray, MRI*  N/A | | |
|  | **Anticipated number of participants** | At the University of Tasmania:  For the entire trial: | | |
|  | **Overall trial timelines** | Expected commencement date:  Expected close-out date: | | |
|  | **Human Research Ethics Committee approval** | As UTAS is not the trial sponsor, please provide the following details:  Lead HREC name:  Lead HREC reference number:  Lead HREC approval date:  *Lead HREC approval letter provided with this form* | | |
| UTAS HREC reference number:  UTAS HREC approval date:  *UTAS HREC approval letter provided with this form* | | |
|  | **Clinical trial registration** | Register:  Registration number:  *All Clinical Trials must be registered on an* [*ICMJE accepted registry*](http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/)*, e.g. the* [*ANZCTR*](http://www.anzctr.org.au/Default.aspx)*.* | | |

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| Part B | Legal, Finance and Risk | |
|  | **Clinical Trial Research Agreement** | Please indicate the type of agreement(s) to be used between the University of Tasmania as the trial site and the sponsor of the trial:  [Medicines Australia Standard Agreement](https://www.medicinesaustralia.com.au/policy/clinical-trials/clinical-trial-research-agreements/) (used for commercially/industry sponsored trials)  [Medicines Australia Contract Research Organisation (CRO) Agreement](https://www.medicinesaustralia.com.au/policy/clinical-trials/clinical-trial-research-agreements/) (used for commercially/industry sponsored trials with a CRO acting as the local sponsor)  [Medicines Australia Collaborative/Co-operative Research Group Agreement](https://www.medicinesaustralia.com.au/policy/clinical-trials/clinical-trial-research-agreements/) (can be used for Institutionally sponsored trials and collaborative or co-operative trials)  [Medical Technology Association of Australia Standard Agreement](https://www.mtaa.org.au/clinical-investigations-research-agreements) (used for device trials)  [Medicines Australia Phase 4 Clinical Trial Agreement](https://www.medicinesaustralia.com.au/policy/clinical-trials/clinical-trial-research-agreements/) (used for phase 4 trials)  NHMRC Multi-Institutional Agreement for Clinical Trials (used for Institutionally sponsored and collaborative or cooperative trials with NHMRC funding)  Other:  *Any agreements not listed here, or special conditions to these agreement, will require legal review. Please liaise with your Funding Officer to facilitate this review.* |
|  | **Budget and finance** | Does the site have the appropriate budget to undertake the study?  Yes, please state the name of the funding body (if different from sponsor) and the amount:  No, please describe how any budget shortfall will be covered: |
|  | **Risk assessment** | Are there any significant institutional risks from your risk assessment that might impact the trial or the University of Tasmania?  This includes risks to participants as well as to researchers and the University (e.g. key person dependencies, financial risk, Intellectual Property, contractual risk, etc.). This does not include ethical risks; these are dealt with via the ethics application.  Yes, please detail the risks and how you propose to mitigate them:  No |
|  | **Insurance** | All clinical trials must have appropriate insurance cover. If your trial involves any of the below, please tick the appropriate box as you may need prior approval or additional insurance (to be paid for from trial funds) from the UTAS insurer. The CHM Research Hub will assist you to determine the insurance requirements for your trial if they involve any of the below.  COVID-19  Neonates  Pregnant women |

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| Part C | Personnel Details | | |
|  | **UTAS facilities** | Have the appropriate UTAS facilities’ managers (e.g. clinic, lab, pathology, radiology, pharmacy) been made aware of the trial requirements and do the facilities have the capacity to meet the trial requirements? | Yes, evidence of agreement attached.  No, please justify: |
|  | **Employment** | Please confirm that all personnel involved in the conduct of the trial have notified their respective employer(s) of their participation. | |
|  | **Good Clinical Practice (GCP)** | It is required that all Principal/Chief Investigators maintain current Good Clinical Practice (GCP) training throughout the lifecycle of their trial.  Please provide evidence of GCP training for the trial Principal/Chief Investigators for all sites.  It is recommended that key staff, such as Clinical Trial Coordinators and Project Officers, also maintain current GCP training. | Date of training:  *Please provide a copy of the certificate.* |

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| Part D | Commercially sponsored trials only | |
|  | Date Confidentiality Disclosure Agreement (CDA) received from sponsor |  |
|  | Date CDA returned to sponsor (signed) |  |
|  | Date feasibility received from sponsor |  |
|  | Date feasibility returned to sponsor (completed) |  |
|  | Date of site selection visit |  |
|  | Date of site selection notification (from sponsor) |  |

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| Part E | Declarations | |
|  | Principal Investigator  I confirm that the above information is accurate and that the trial will continue in accordance with the Human Research Ethics Committee approved protocol and any approved amendments, and in compliance with the *Australian Code for the Responsible Conduct of Research*, the *NHMRC National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) and the *Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95)* Annotated with TGA comments (DSEB July 2000).  I agree to personally supervise the clinical trial at the site listed in Part A, Question 4 and I acknowledge my obligations with respect to monitoring participant safety and record management.  I agree to ensure all Associate Investigators and others assisting in the conduct of the trial are informed of their obligations in meeting the above requirements. | Name:  Signature:  Date: |
|  | Approving Authority  *This declaration must be completed by the Head of School/Institute involved in hosting the trial at the University of Tasmania, listed at Part A Question 4 of this form. Where an Investigator for the study is also the Head of School/Institute, approval must be sought from the person to whom the Head of School/Institute is responsible.*  I am authorised to represent the School/Institute listed in Part A Question $ of this form and give authorisation for this trial to proceed.  I have read this application form and have discussed the resource implications of the clinical trial with the Principal Investigator.  I certify that the Principal Investigator and other investigators involved in the project have the necessary skills, training and experience to undertake their roles and, where necessary, appropriate training and supervision has been arranged.  I certify that there are suitable and adequate facilities and resources for the clinical trial to be conducted at this site as proposed, and that they are available for the duration of the trial. | Name:  Signature:  Date: |

**Next steps**

Once this Governance Application Form is complete with all necessary attachments, the CHM Research Hub will prepare a briefing for the Deputy Vice-Chancellor (Research) (DVCR) with a recommendation to authorise trial commencement at the University of Tasmania. If there are other sites involved in the conduct of the trial, they must undertake a site-specific assessment/governance review process at their own site.

Once DVCR authorisation has been received, the CHM Research Hub will release the Clinical Trial Site Authorisation certificate and the trial may commence.

**Checklist**

Submit these items (can be in draft) as early as possible (before or at the same time as HREC submission).

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| **Documents Required** | **Yes** | **N/A** |
| Standard Form of Indemnity (Medicines Australia or MTAA Standard Form of Indemnity) for the University of Tasmania |  |  |
| Insurance Certificate |  |  |
| Clinical Trial Notification (CTN) |  |  |
| Standard Clinical Trial Research Agreement or other collaborative agreement |  |  |
| Evidence of Good Clinical Practice training from all relevant persons |  |  |
| HREC certificate for UTAS site |  |  |