



**Research Contracts Approval & Study Execution (RCASE) Form  
Multi-site**

**STUDY INFORMATION**

|                                    |                     |              |  |
|------------------------------------|---------------------|--------------|--|
| <b>ERM ID:</b>                     | <b>Study title:</b> | <b>Risk:</b> |  |
| <b>Facility/Service:</b>           |                     |              |  |
| <b>Dept/Division/Service Line:</b> |                     |              |  |
|                                    |                     |              |  |

**PURPOSE OF SUBMISSION**

|                                    |  |
|------------------------------------|--|
| New Site Specific Assessment (SSA) | Confidentiality Disclosure Agreement (CDA) |
| Contract amendment/variation       | Other:                                     |

**SUPPORTING DOCUMENTS ATTACHED**

|  |  |
|--|--|
| <b>Must include:</b>   | <b>If applicable/available:</b>  |
| Research protocol  | Ethics clearance letter  |
| Appropriate delegate/s identified based on overall risk rating | Facility/Service Research Committee review   |
|  | Endorsement from other involved Departments/Divisions (e.g., email or letter of support) |

**FINANCIAL INFORMATION (MANDATORY)**

|               |                          |  |                           |
|---------------|--------------------------|--|---------------------------|
| <b>Budget</b> | Operational cost centre: |  | Externally funded         |
|               | Research ION:            |  | MSH RSS funded            |
|               | Project FTE:             |  | MSH funded only           |
|               | In-kind costs:           |  | Proof of funding attached |
|               | Total budget for study:  |  | Detailed budget attached  |

**Funding**

Total number of funding sources/bodies:

|                               | 1 | 2 | 3 |
|-------------------------------|---|---|---|
| Funding source/body name:     |   |   |   |
| Grant application no:         |   |   |   |
| Amount funded/contract value: |   |   |   |

**PRINCIPAL INVESTIGATOR SIGNATURE (REQUIRED FOR ALL PROJECTS)**

I will take responsibility for the conduct of this study according to the [Metro South Research Policy Framework](#)  
I do not have a perceived, potential or actual conflict of interest that conflicts or may conflict with my duties for this study

|         |           |
|---------|-----------|
| Name:   | Position: |
| Signed: | Date:     |

**HEAD OF DEPARTMENT (REQUIRED FOR ALL PROJECTS)**

My signature indicates that I agree for the use of resources under my delegated authority

|         |           |
|---------|-----------|
| Name:   | Position: |
| Signed: | Date:     |

*If the Head of Department is an investigator on the study, endorsement must be given by their Line Manager*

**FINANCE/BUSINESS MANAGER (OR PAH DIVISIONAL DIRECTOR) SIGNATURE (REQUIRED >\$10,000)**

I agree to cost allocations and resources under my delegated authority  
I have reviewed and endorsed the budget

|         |           |
|---------|-----------|
| Name:   | Position: |
| Signed: | Date:     |

*If the total funds study is under \$10k the Division/Service Line can sign as the financial delegate*

**CLINICAL LEAD (ABOVE HEAD OF DEPARTMENT) SIGNATURE – MEDIUM RISK AND HIGHER**

My signature indicates that I agree for the use of resources under my delegated authority

|         |           |
|---------|-----------|
| Name:   | Position: |
| Signed: | Date:     |

*If the Division/Service Line is an investigator on the study, endorsement must be given by their Line Manager*

**FACILITY/SERVICE EXECUTIVE DIRECTOR SIGNATURE – HIGH AND VERY HIGH RISK**

My signature indicates that I agree for the use of resources under my delegated authority

|         |           |
|---------|-----------|
| Name:   | Position: |
| Signed: | Date:     |

*If the Facility Executive Director is an investigator on the study, endorsement must be given by their Line Manager*

**CHIEF OPERATING OFFICER – VERY HIGH RISK**

My signature indicates that I agree for the use of resources under my delegated authority

|         |           |
|---------|-----------|
| Name:   | Position: |
| Signed: | Date:     |

*If the MSH Executive Director is an investigator on the study, endorsement must be given by their Line Manager*

**MULTI-SITE FACILITY/SERVICE ENDORSEMENT**

*Tick all MSH Sites identified in the study and obtain facility/service authorisation from each MSH site selected from the Facility/Service Executive Director/Delegate (i.e., Facility/Service Manager, Facility Data Custodian)*

|                                    |                    |                  |
|------------------------------------|--------------------|------------------|
| Addiction & Mental Health Services | Name:<br>Position: | Signed:<br>Date: |
| Bayside Health Service             | Name:<br>Position: | Signed:<br>Date: |
| Community & Oral Health Service    | Name:<br>Position: | Signed:<br>Date: |
| Logan & Beaudesert Health Service  | Name:<br>Position: | Signed:<br>Date: |
| Princess Alexandra Hospital        | Name:<br>Position: | Signed:<br>Date: |
| QEII Jubilee Hospital              | Name:<br>Position: | Signed:<br>Date: |
| Inala Indigenous                   | Name:<br>Position: | Signed:<br>Date: |
| Other Metro South Health           | Name:<br>Position: | Signed:<br>Date: |

By signing the above you are indicating that you agree for the use of resources under your delegated authority

*If the Executive Director/Delegate is an investigator on the study, endorsement must be given by their Line Manager*

**METRO SOUTH RESEARCH GOVERNANCE OFFICE (MSRGO) REVIEW**



**Contract specific information**

Start Date:

End date:

|              |                    |                      |
|--------------|--------------------|----------------------|
| Extension    | Contracting Party: | <input type="text"/> |
| Legal advice | ABN:               | <input type="text"/> |
| Guarantees   | Type of contract:  | <input type="text"/> |
|              | Contract value:    | <input type="text"/> |
|              | Variation +/-:     | <input type="text"/> |

**Recommendation**

**Note:** The contract value determines the [financial delegation](#) required. Variations must be signed by an appropriate delegate.

*If contracting with a foreign country/ies government/s and their departments/agencies, you MUST contact [MSH Legal](#)*

|         |                      |           |                      |
|---------|----------------------|-----------|----------------------|
| Name:   | <input type="text"/> | Position: | <input type="text"/> |
| Signed: | <input type="text"/> | Date:     | <input type="text"/> |

**HSCE/DELEGATE, CPER OR EDMSR APPROVAL (MSRGO ONLY)**



|         |                      |           |                      |
|---------|----------------------|-----------|----------------------|
| Name:   | <input type="text"/> | Position: | <input type="text"/> |
| Signed: | <input type="text"/> | Date:     | <input type="text"/> |