



E-MAILED

29/9/16

Research Contracts Approval and Study Execution Form

PART A: STUDY INFORMATION (mandatory for all research)

Please complete ALL relevant signatures

HREC Ref: HREC/16/QPAH/639

SSA Ref: SSA/16/QPAH/640

SSA Version date: 22/9/16 Attached  Yes  No

Study Title: Linked color imaging versus white light: a randomised tandem colonoscopy study of adenoma miss rates

Coordinating Principal Investigator

Name: A/Prof. David Hewett Position: Chief Investigator Signature: [Signature]

Site Authorisation (Non PAH sites ONLY):

Logan/Beaudesert Name: Position: Signature: .....

Redland Name: Position: Signature: .....

Inala Indigenous Health Name: Position: Signature: .....

QEII Name: A/Prof. David Hewett Position: Chief Investigator Signature: [Signature]

MSAMHS Name: Position: Signature: .....

Other (specify site): Name: Position: Signature: .....

Metro South Principal Investigator Signature

Name: A/Prof. David Hewett Position: Chief Investigator

I declare that I have gained the support of all supporting department Heads and Associate Investigators and will take responsibility for their training and conduct during the course of the study.

Tick one:  This study does not require a research contract; or  Research contract/s is/are required and Part B of this form completed.

Signed [Signature] Date 22/9/16

Metro South Department Head Signature (if investigator on study or other conflict please obtain line manager's signature)

Name: Dr Terrance Tan Position: Director of Gastroenterology Division

My signature indicates that I authorise this research study to commence at this site.

Signed [Signature] Date 22/9/16

Metro South Business Finance Manager Signature

Name: Phil King Position: Finance Manager Research Cost Centre Code: 850999

My signature indicates that cost allocations and resources have been agreed

Signed [Signature] Date 28/9/16 nil financial commitment

CHR Study Authorisation - Governance Authorisation

Name: S. Horrod Position: Research Governance manager

This proposal satisfies Metro South Health Research Governance requirements and is endorsed for consideration and final authorisation.

Tick those that apply:

This study does not require a research contract; or  Research contract/s is/are required and Page 2 of this form has been completed.

This study requires the granting of an indemnity and:

The indemnity is in a form substantially similar to a specific indemnity approved by Treasury; or

The indemnity requires CFO approval

Signed [Signature] Date 15/11/16

Site CE/ Delegate

Name: Mike Kerin Position: Facility Manager

My signature indicates that I authorise this research study to commence at this site on the condition that all the scientific and ethical aspects of the HREC approved protocol are met.

Signed [Signature] Date 28/09/16

[Signature] 12/11/16

Facility Manager  
QEII Jubilee Hospital

Professor Ken Ho  
Chair, Centres For Health Research  
Metro South Health

