**REQUEST FOR SIGNATURE**

**of research-related documents by**

**BEAUMONT HOSPITAL CEO**

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**USEFUL CONTACT DETAILS**

CEO’s Office: 00 353 1 809 2101 / 2105

Finance: 01 809 2107 / 2904

Risk & Legal Services: 01 809 2611 / 3250

AON Healthcare: 01 266 6432 ([www.aon.ie](http://www.aon.ie))

Local Ethics Committee: 01 809 2680

Cancer Clinical Trials Unit: 01 809 2373

RCSI Clinical Research Centre: 01 809 3781

**1. (a) YOUR DETAILS**

Name of Requester:

Position / Department:

Address:

Telephone No: E-Mail:

**1. (b) DETAILS OF ON-SITE CONTACT PERSON (IF DIFFERENT)**

Name of On-Site Contact Person:

Position / Department within Beaumont Hospital or Smurfit Building:

Beaumont Hospital / Smurfit Building Address:

Beaumont Hospital / Smurfit Building extension no:

Beaumont Hospital / RCSI e-mail address:

**2. WHAT TYPE OF RESEARCH DOES YOUR REQUEST RELATE TO?**

* Clinical Trial of a Medicinal Product under S.I. 190/2004 Yes/No

If yes, please state name of ‘recognised’ ethics committee which has provided a central ethics review:

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* Other Yes/No

[If yes, Local Ethics Committee review applies i.e. Beaumont Hospital Ethics (Medical Research) Committee]

**3. ETHICS APPROVAL**

Has this study got full ethics approval? Yes/No

[Please include supporting documentation]

**4. HEALTH PRODUCTS REGULATORY AUTHORITY APPROVAL**

Has this study got full HPRA approval? Yes/No; N/A

[Please include supporting documentation]

**5. INSURANCE / INDEMNITY**

Have you included the Standard Clinical Trial Indemnity Form for the CEO’s Signature? Yes/No

Has the study and its insurance / indemnity implications (i.e. Certificate of Insurance and/or Standard Clinical Trial Indemnity Form) been approved by the Hospital Risk & Legal Services Department? Yes/No

[Please include supporting documentation i.e. confirmation of notification to AON Healthcare]

**6. CONTRACTS / AGREEMENTS**

Is there a contract / agreement for this study? Yes/No

If yes, is this: -

* A 2 Party Contract / Agreement Yes/No
* A Tripartite (3 Party) Contract / Agreement Yes/No
* Other Yes/No

If other, please state:

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[Please include supporting documentation]

**7. FINANCES**

Has the study and its financial implications been discussed and approved by the hospital’sDirector of Finance? Yes/No

[Please include supporting documentation]

**8. WHICH RESEARCH-RELATED DOCUMENT(S) DO YOU WISH THE CEO TO SIGN?**

* Site Specific Assessment Form for ‘Beaumont Hospital’ Yes/No
* Standard Clinical Trial Indemnity Form between

Beaumont Hospital ‘the hospital’,

Beaumont Hospital Board ‘the authority’,

‘the investigator’

AND ‘the sponsor’ Yes/No

* Contract Yes/No
* Other Yes/No

If other, please state:

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**9. DECLARATION OF PRINCIPAL INVESTIGATOR**

**Site Specific Assessment Form**

I confirm that the details provided in the Site Specific Assessment Form, where applicable, are accurate, and I concur with the declaration therein that there are adequate facilities, resources and personnel in place to allow this research study to be conducted on the premises. Furthermore, I agree to inform the CEO’s office if this changes during the course of the study.

Yes/No

**Standard Clinical Trial Indemnity Form**

I confirm that the Standard Clinical Trial Indemnity Form, where applicable, has not been altared in any respect; and no changes to the main content or text of this document have been made such as to invalidate it ([www.stateclaimsagency.ie](http://www.stateclaimsagency.ie))

Yes/No

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Signature of Principal Investigator

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NAME (BLOCK CAPITALS) of Principal Investigator