1. **LA TROBE PRINCIPAL INVESTIGATOR CONTACT DETAILS**

**1.1 Contact name**

**1.2 Contact phone number**

* 1. **Contact email**

1. **DOCUMENTS TO PROVIDE**

* Current trial protocol
* Ethics approval letter (if available – note the CTRA will not be executed until ethics approval has been granted)
* Any other supporting documentation including letter of support from contracting party (if applicable)

1. **CONTRACTING PARTY DETAILS**

|  |  |  |
| --- | --- | --- |
| **Name of Institution:** |  |  |
| **Site PI Name** |  |  |
| **Address:** |  |  |
| **ABN:** |  |  |
| **Contact for Notices:** |  |  |
| **Fax for Notices:** |  |  |
| **Phone Number:** |  |  |
| **Minimum Recruitment Target** |  |  |
| **Maximum Recruitment Target** |  |  |
| **Recruitment Start Date** |  |  |
| **Recruitment Stop Date** |  |  |
| **PI Address if different from Institution address** |  |  |
| **Equipment/Software provided?** |  |  |
| **If provided who retains it after the study?** |  |  |
| **Budget/Payments/In-kind support** |  |  |

**Note: Duplicate columns for additional contracting parties**

Please return this completed form to [humanethics@latrobe.edu.au](mailto:humanethics@latrobe.edu.au)