

# Guidance and Checklist

## Collaborative Research Groups & Phase IV

### Overview

The Clinical Trial Research Agreement (CTRA) for Collaborative or Cooperative Group (CRG) Clinical Trial Research Agreements and the CTRA for Phase 4 Clinical Trials (Medicines) can be downloaded from the Medicines Australia website located [here](#).

Also refer to the “CALHN Guideline for Clinical Trial Budgets, Payments & Invoicing” found on the website [here](#).

CALHN Research Services must review all CTAs, please email them to [Health.CALHNClinicalTrials@sa.gov.au](mailto:Health.CALHNClinicalTrials@sa.gov.au).

### Checklist

Front Page	Yes	No
Is the Institution Party name: ‘Central Adelaide Local Health Network Incorporated (ABN 96 269 526 412)’?	<input type="checkbox"/>	<input type="checkbox"/>
Also refer to the document “Parties and Signatories to a CALHN Research Agreement” available for download on the website <a href="#">here</a> for further details on contracting parties.		
Are the Institutions contact details correct?	<input type="checkbox"/>	<input type="checkbox"/>
Has the full legal name of the Sponsor been listed, and their ABN and contact details provided?	<input type="checkbox"/>	<input type="checkbox"/>
Are these details correct?		
Are the Study Name and Protocol Number correct?	<input type="checkbox"/>	<input type="checkbox"/>
Is the date of Agreement entered as “Date of the last Party to sign” or “when both parties have signed” this agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Body of the Agreement (Page 2 to Signature Page)	Yes	No
Please confirm that no changes have been made to the Body of the Agreement. Please inform the Sponsor that this is not permitted. All proposed changes to the agreement are to be detailed separately in Schedule 4.	<input type="checkbox"/>	<input type="checkbox"/>
Schedules	Yes	No
Schedule 1: Key Information		
Is the Study Name correct?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Study Site Correct? It should be where the study is being conducted e.g. “Royal Adelaide Hospital” or “The Queen Elizabeth Hospital”	<input type="checkbox"/>	<input type="checkbox"/>
Target Number of Study Participants: Are the numbers the same as stated in the ethics and SSA applications?	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment Period: Are the dates correct?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Principal Investigator details complete and correct?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Reviewing HREC details correct? The Reviewing HREC must be a NHMRC approved ethics committee e.g. “Central Adelaide Local Health Network Human Research Ethics Committee”?	<input type="checkbox"/>	<input type="checkbox"/>
Equipment: If no equipment insert “NIL”		
Is all of the medical equipment provided by the Sponsor/CRG TGA-approved?		
If TGA-approved, is the equipment being sourced from the local Australian Sponsor as defined on the Australian Register of Therapeutic Goods (ARTG)?	<input type="checkbox"/>	<input type="checkbox"/>
Will the equipment provided be tested and approved by Biomedical Engineering prior to use?		
Software: If no software insert “NIL”	<input type="checkbox"/>	<input type="checkbox"/>

Is the software provided by the Sponsor approved by ICT?		
Investigational Product (where applicable) details included?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Schedule 2: Payments</b>		
Are the amounts, terms and conditions of payment adequate for the purposes of the Study? Refer to the "CALHN Guideline for Clinical Trial Budgets, Payments & Invoicing" found on the website <a href="#">here</a> . For further queries please contact CALHN Research Services.	<input type="checkbox"/>	<input type="checkbox"/>
Are the amounts specified exclusive of GST?	<input type="checkbox"/>	<input type="checkbox"/>
Is the currency in Australian dollars? All amounts must be listed in Australian dollars.	<input type="checkbox"/>	<input type="checkbox"/>
Will you receive a Start-Up fee if you haven't signed a Pre-Clinical Trial/Investigation Agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included Reviewing HREC and Governance Fees (where applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included the IT/Software Fee?	<input type="checkbox"/>	<input type="checkbox"/>
Have you included other department costs e.g. Pharmacy, Radiology, non-standard of care pathology – SA Pathology?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to comply with any requirements to complete CRFs within a specified period?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to meet any deadlines by which you are required to enrol the required number of Study Participants?	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the definition of a "screen failure", the capped number of screen failures and compensation for screen failures?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be reimbursed for the work associated with the preparation of any future amendment applications, SAE reporting, annual progress reports, archiving etc?	<input type="checkbox"/>	<input type="checkbox"/>
Have all Study Participant visit payments been included?	<input type="checkbox"/>	<input type="checkbox"/>
Will Study Participants be reimbursed for travel, meal and accommodation costs?	<input type="checkbox"/>	<input type="checkbox"/>
Have any "bonus" payments been offered which could be considered as an inducement to enrol additional Study Participants?	<input type="checkbox"/>	<input type="checkbox"/>
Have the invoicing and payment details been completed? Is the MYIP reference number included in the remittance advice?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any terms which you are unsure about?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Schedule 3: Study Protocol Identification</b>		
Are all of the details complete and correct?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Schedule 4: Special Conditions</b>		
Have any Special conditions been included? If no, please insert "NIL"		
CALHN Research Services has approved a number of Schedule 4 provisions submitted by individual sponsors.		
If there are additional "Special Conditions" requested they may need to be reviewed and approved by the Southern and Eastern Border States (SEBS) committee which meets monthly to consider CTRA amendments.	<input type="checkbox"/>	<input type="checkbox"/>
Please refer to the document "SEBS Schedule 7 and 4 Special Conditions to a Clinical Research Agreement" available for download on the website located <a href="#">here</a> .		
Often the Sponsor or CRG will provide Insurance and Indemnity for the study. Include these as: Schedule 4a: Indemnity Agreement Schedule 4b: Insurance Certificate		