

Will Special Handling be required	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>		
Will Special Storage be required	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>		
Will Special Transport be required	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i> Prepaid Couriers <input type="checkbox"/> Yes <input type="checkbox"/> No PathWest Staff to arrange shipping <input type="checkbox"/> Yes <input type="checkbox"/> No Others:		
Will Sample logs be maintained by PathWest	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Ethics Approval been granted	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide HREC reference number and date of approval:</i>		
Funding Source			
RGS #			
Clinical Trial #			
ACCOUNTING INFORMATION (Following details MUST be provided)			
Accounts to be addressed to	Name		
	Title		
Invoicing	Name		
	Address		
	Email		
	Contact Phone		
	Cost Centre		
Business ABN# or Company ACN#			
Name of University & Purchase Order No. #			
Name of Trial Coordinator		Signature	Date

Please email pathwestclinicaltrials@health.wa.gov.au attaching this form and an electronic copy of the study Protocol.

PathWest will provide pre-printed Clinical Trials Request forms for all research testing, which must be used to ensure appropriate invoicing in line with Research Governance Requirements.

******* Please allow 2 weeks for the production of a Clinical Trials Request form.***