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| Contract Amendment Form |
| Researchers are required to complete and submit this form, outlining post-authorisation contract amendments, to the SALHN Finance Business Manager Corporate (SBC) and the Office for Research (OFR) for governance review. |

## Instructions

Once completed, obtain [SALHN Finance Business Manager Corporate](mailto:Health:SALHN%20Finance%20Business%20Advisory%20Service%3e?subject=Contract%20Amendment%20Form%20for%20Authorisation) endorsement (payment changes only) then deliver the Contract Amendment Form, (signed by PI and endorsed by SBC), contract amendment and any additional documents, to the OFR for SALHN CEO authorisation. If the contract amendment is an administrative change (eg: name or address change), the amendment does not require SALHN Finance endorsement

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| **Date:** Click here to enter text. |
| **Office for Research reference number:** Click here to enter text. |
| **Project Title:** Click here to enter text. |
| **Principal Investigator:** Click here to enter text. |
| **Project Contact Person:** Click here to enter text.  **Email address/phone number:**  **Please note: this is the person who the OFR will liaise with for all aspects of the study.** |
| **Does your project still have HREC approval?**  ☐ Yes - when does your HREC approval expire? Click here to enter text.  ☐ No – when did your HREC approval expire? Click here to enter text. |
| **Reason for the contract amendment:** Click here to enter text. |
| **If the contract amendment relates to a change in Principal Investigator, do they have a conflict of interest?**  ☐ Yes – please provide details Click here to enter text.  ☐ No |
| **Does the PICF need to be amended?**  ☐ Yes ☐ No |
| **Does the study protocol need to be amended?**  ☐ Yes ☐ No |
| Principal Investigator Declaration  * **I confirm the information provided in this form is true and correct.** * **Chief / Principal Investigator: Click here to enter text.** * **Signature……………………………………………………………………………..Date:** Click here to enter text. |

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| Office for Research fees **Non-Clinical trials (studies without one or more health-related intervention) do not incur fees in accordance with the** [SA Health Research Ethics and Governance Fees Schedule](https://www.sahealth.sa.gov.au/wps/wcm/connect/cb0325004782199699fefb2e504170d4/SA+Health+Fees+Schedule+2017-final.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-cb0325004782199699fefb2e504170d4-mbcgRdG)**. If you would like to request fees be waived or reduced for this study please fill in a** [Waiver of Fees application form](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/reduction+or+waiver+of+fees+request+form+-+office+for+research+salhn) **and include this with your submission documents.** |
| Review fees **Are fees applicable to this research (based on the SA Health Fee Schedule)  Yes  No**  **Clinical trial with full sponsorship**  **Cooperative Research Group**  **Non commercially sponsored Clinical Trial**  **Health and Medical Research**  **If your study is a clinical trial, are you requesting a reduction or waiver of ethics or governance fees?**  **Yes /  No**. |
| **DETAILS FOR INVOICING:** |
| ***This submission to SALHN may incur review fees (clinical trials only, fee waiver can be requested), in accordance with the SA Health ethics and governance fee schedule. The details provided below will be invoiced to the sponsor and should indicate who to address the invoice to.***  **Please list invoice details below**  Sponsor/Institution Name:  Address 1  Suburb  Additional details to include in the invoice: |

# Please include the following documents with the contract amendment:

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| * **Document type** | * **No. of copies submitted** | * **Received by OFR** |
| * **Original Clinical Trial Research Agreement** |  | * **☐ Yes / ☐ No** |
| * **Original Site Specific Contract Amendment Form endorsed by SALHN Finance Business Manager Corporate** |  | * **☐ Yes / ☐ No** |
| * **Medicines Australia Form of Indemnity (where applicable)** |  | * **☐ Yes / ☐ No** |
| * **HREC amendment approval letter (where applicable)** |  | * **☐ Yes / ☐ No** |