



**CLINICAL TRIAL
AGREEMENT/Contract Checklist**

Please print, complete & attach to the contract prior to review by Research Ethics Unit (and Corporate Counsel if applicable) and execution by the relevant ED, the Director of Finance or the CEO.

Commencement Date _____ Term of Contract _____
 Cost pa (\$) _____ Cost Centre _____

Delegations for signing contracts based on total contract over its full life:	
Up to \$5,000 – Responsible ED	\$5000 to \$100,000 – Director Finance
\$100,000 to \$1 million – CEO	Over \$1 million - CEO (With Board Approval)

1 Has your line manager & Finance Resource Manager approved the arrangements? **Yes** **No**

..... Manager / / Finance Resource Manager / /
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2 Is this an Austin Health Standard Contract **Yes** **No**

If 'Yes', have all changes been approved by Corporate Counsel **Yes** **No**

If 'No' (ie not an Austin Health Standard Contract) are Austin Health Standard Clauses included? **Yes** **No**

If 'No', has this been approved by Corporate Counsel? **Yes** **No**

Please list Standard Clauses included

Clauses

..... Approved by Corporate Counsel / /
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3. Is this a Medicines Australia Standard Agreement with VMIA approved contract amendments **Yes** **No**

If 'No', have all changes been approved by Corporate Counsel **Yes** **No**

4 Is [Contract Database Form](#) completed and attached **Yes** **No**

If 'No' to any of the above, please explain:

5 Is the necessary Board Minute attached **Yes** **No**

6 Does an Purchasing Policy Exemption apply to this contract? (if yes, attach a copy) **Yes** **No**

Contract approved for Execution

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Responsible Executive Director or their delegate

Signed Contract Checklist and [Contract Database Form](#) to be returned to Research Ethics Unit Research Governance Officer who will forward one original signed Contract, Contract Checklist and [Contract Database Form](#) to Central Registry HSB4 for filing and return any other signed originals to the Principal Investigator/Trial Co-ordinator for .