



RESEARCH APPLICATION FORM

Name and Contact Details of Applicant:

Name/Title:
Address:
Contact number/s:

Project Title:

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Name of Organisation:

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Principal Investigator (Drs & Allied Health Professionals must be Accredited to SVMPH and Non accredited researches must be accredited by a University):

Principal Investigator:
All other Investigators:

Do all the Investigators have written evidence from their insurers granting professional indemnity to conduct this particular Research?

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Is work arising from the project intended to generate commercial value or intellectual property rights?

Yes: No: If so please outline:

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Fees apply to commercially funded studies (refer to website).

Does the proposed research have HREC approval from St Vincents Health Melbourne? If so please provide a copy: Yes: No:

How is the research funded? Please specify details of funding.

Research Institution Grant	
Commercial Sponsor	
Other (Please specify)	

What action is required by SVMPH?

Are new / different procedures involved in the research; surgery or treatment? Yes: No:

If so please specify:

Will SVMPH staff require training to assist / participate?

Yes: No:

If yes, how will the staff training or staff input be funded?

Does the research require access to SVMPH's medical records?

Yes: No:

If so how will this be arranged, and how will this be funded?

What letterhead will be used on the consent form and the plain language statement?

Who will be the contact person for SVMPPH and how will he / she be identified to research participants?

Will the commercial sponsor indemnify SVMPPH in the terms of the VMIA minimum requirements?

Does your research project involve radiation of persons?

Please provide a short summary, in plain language, of the proposed research?

Please return application form to:

Dr Bill Kelly
Medical Director
St Vincents & Mercy Private
59-61 Victoria Parade
Fitzroy Vic 3065
Ph: 9411 7655
Fx: 9419 6582



Notice to the Principal Investigator:

SVMPPH Insurance Policy currently excludes trials involving the following drugs:

- (i) 8 Hydroxy Quinolines
- (ii) Alosetron Hydrochloride
- (iii) Antipsychotics
- (iv) Canthaxanthin
- (v) Cerivastatin and/or other statins and/or fibrates
- (vi) Cisapride
- (vii) Contraceptives (including birth control pills), fertility drugs and products specifically designed and marketed for use during and in connection with pregnancy
- (viii) Cox-2 Inhibitors
- (ix) Dantrhon
- (x) Debendox
- (xi) Dicyclomine when given to children under 4 years of age
- (xii) Diethylstilbestrol
- (xiii) Dioxins
- (xiv) Doxazosin
- (xv) Ephedrine
- (xvi) Fenfluramine – whether individually or in combination with Phentermine
- (xvii) Germanium
- (xviii) Hormone Replacement Therapies (HRTs)
- (xix) Kava Kava
- (xx) Monoclonal Antibodies
- (xxi) Methylphenidate
- (xxii) Nefazodone
- (xxiii) Pertussis Vaccine or Swine Flue Vaccine
- (xxiv) Phenylpropanolamine (PPA)
- (xxv) Primodos/Amenorone Fotre
- (xxvi) Selective Serotonin Reuptake Inhibitors and Serotonin Norepinephrine Reuptake Inhibitors
- (xxvii) Skin whitening or lightening agents
- (xxviii) Tacrolimus
- (xxix) Thalidomide
- (xxx) Thimerosal and/or Thiomersal
- (xxxi) Thiazolidinediones
- (xxxii) Tretinoin (retinoic acid or its salts)
- (xxxiii) Tryptophan

If the proposed trial involves any of the above separate insurance cover will need to be negotiated through St Vincent's Health Australia National Office.

The proposed project <insert project name> does not involve any of the medications listed.

Signed
Principal Investigator

Date