Schedule 1 – Request for Quote template

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| **Request No. (*Office use only*)**  | [*NSWHP to* *insert*] |
| **Key contact** | [*Application submitted by insert; name, phone, email*] |
| **Date of request** | [*insert date*] |
| **Project details****(*insert N/A if services are not part of a clinical trial or research project*)** | * Title of project/trial:
* Protocol #:
* Name of Primary contact person/Chief Investigator:
* Location where trial will be conducted:
* Approximate start date of trial:
* Approximate finish date of trial:
* Funding source for trial: *[e.g. commercial, NHMRC, SP&T, Hospital General Fund*]
* Brief outline of the purpose of the trial and how it will be conducted:
* Has this trial received approval by SLHD or SWSLHD Research Ethics Committee?
* Human Research Ethics Committee (HREC) approval details: HREC Reference Number:

***Note: A copy of the Laboratory Protocol and HREC approval for the trial must be attached to the Request for Quote*** |

**Pathology tests requested**

For each test, please advise if this is part of normal patient care (standard of care) or exclusively for the purpose of the clinical trial. If tests are required to be referred to external laboratories, then enter test details under the “Specimen Dispatch” part of the form.

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| **Pathology tests to be performed by NSW HP** (eg FBC, EUC) | **Test Description** | **Time period over which tests will be ordered**  |
|  | Normal Care: YES/NONumber per patient:Number of patients: |  |
|  | Normal Care: YES/NONumber per patient:Number of patients: |  |
|  | Normal Care: YES/NONumber per patient:Number of patients: |  |
|  | Normal Care: YES/NONumber per patient:Number of patients: |  |
|  | Normal Care: YES/NONumber per patient:Number of patients: |  |

**Specimen Collection details:**

For each specimen type, please indicate details for collection.

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| --- | --- | --- | --- | --- |
| **Nature of specimens to be collected by NSWHP** | **No. of patients** | **Frequency of collection** | **Can specimens be collected using standard collection techniques?** | **Are there any special requirements?** |
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**Specimen Processing instructions (centrifugation, separation and storage):**

For each test / specimen type, please indicate instructions for laboratory processing.

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| **Centrifugation details****(Speed / time / temperature, etc)** | **Timeframe for spin and separation (e.g. within 1hr of collection)** | **Storage temperature required** | **Duration of storage and Special arrangements required** |
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**Specimen Dispatch:**

For each test / specimen type, please indicate the packaging and transport arrangements required.

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| **Nature of Specimen** | **Destination** | **Any special requests for packaging and/or transport? (e.g. IATA regs, dry ice, etc)** | **Any identified funds for transport? If yes, give details** |
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**Specimen Reports:**

For each test / specimen type, please indicate the reporting arrangements required.

Please tick one option only.

[ ]  Hardcopy

[ ]  Autofaxed copy (Fax No: [*insert*]) (*Note this option is only available in some jurisdications*)

Schedule 2 – Service Level Order form template

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| **Project**  | **Project title:** [*insert, or delete if no project title*]**Duration:** |
| **Services** | [*insert description of pathology services to be provided by NSWHP*]**Specific Requirements:** *[insert any additional requirements to be met by NSWHP*] |
| **Deliverables** | [*insert: description of tangible items such as reports that NSWHP will provide to SCHN after performing the Services;** *instructions for delivery of results e.g. hardcopy, fax*
* *Report address / recipient for results e.g. SCHN Key Contact below.*]
 |
| **Delivery Date** | [*insert*]Note: Turnaround times are indicative only and assume standard collection and assay conditions. Unusual or unforeseen circumstances may increase the turnaround time. |
| **SCHN Materials** | [*insert description of specimens, samples, data (patient or other data) etc. that SCHN will provide to NSWHP for purposes of services. Include requirements for the collection and transport of the materials by SCHN*]All biological specimens must be collected by SCHN in accordance with all applicable laws, standards, best practice guidelines, NSW Ministry of Health policies.SCHN must notify the NSWHP Key Contact at least [xx] hours prior to specimen collection of the final number of specimens to be tested, to assist with laboratory management. Human Research Ethics Committee (HREC) approval details: HREC Reference Number [*insert, or insert ‘N/A’ if not applicable*] |
| **Return or disposal of Materials** | [*insert instructions for return or disposal of Materials to SCHN*] |
| **Payment Details** | **Fees:** [*specify fees and expenses payable by SCHN, including amount and frequency and whether GST inclusive or exclusive*] ORFees as outlined in the quote provided by NSWHP dated [*XX Month Year*]**Invoicing:** (*Note that cl 5(b) requires that invoices are paid within 30 days.)*[*Specify invoicing schedule and addressee details:*Cost centre transfer: [*cost centre number*] and [*name of cost centre manager*]ORTax invoice: [*name of sponsor*] and *[address for delivery of invoices*] |
| **NSWHP Key Contact** | Name: [*insert*]Title:Location:Tel: [*insert*]Address: [*insert*]Email: [*insert*] |
| **SCHN Key Contact** | Name: [*insert*]Title:Unit/Division:Tel: [*insert*]Address: [*insert*]Email: [*insert*] |
| **Attachments** | *[Detail any attachments. Insert ‘N/A’ if there aren’t any]* |

Note:

1. The NSWHP collector retains the right to terminate any collections where the patient is aggressive or abusive.
2. The SCHN Key Contact must notify the NSWHP Key Contact on the completion of the research project.
3. In accordance with clause **Error! Reference source not found.** of the Umbrella Research Services Agreement, cancellation or modification of the Service Level Order must be notified to NSWHP in writing at least 24 hours prior to the scheduled specimen collection time, and modifications are subject to the written agreement of NSWHP.

This contract is made up of this Service Level Order, any attachments, and the relevant terms of the Umbrella Research Services Agreement between NSW Health Pathology and The Sydney Children’s Hospitals Network dated [insert]

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| **Signed** for and on behalf of **NSW Health Pathology ABN 49 382 586 535:** | **Signed** for and on behalf of **The Sydney Children’s Hospitals Network** **ABN 53 188 579 090**: |
| Signature of authorised representative | Signature of authorised representative |
| Name and title of authorised representative | Name and title of authorised representative |