

Clinical Trial Support - Scope of Work

Please provide as much information and detail about your project and requirements as possible, so that we can offer a more accurate service brief.

Company name: _____
 Primary contact Name: _____
 Phone No: _____
 Email address: _____

PART 1: Your Clinical Trial

Briefly describe your clinical trial (Supply website details if available)

What is the expected number of patients to be enrolled in your clinical trial by relevant geography?

E.g. Sydney	5 patients per month
E.g. Auckland	1 patient per month

What faculty or faculties of medicine are involved with your clinical trial?

Does your clinical trial have TGA and ethics committee approval?

When do you expect to enrol your first patient?

PART 2: CEANZ Services Required

Recruitment goals:

What is the estimated work load (hours/week) for each geography required by CEANZ?

In addition to Clinical Support / Case Management, what service and support do you require from CEANZ?

Services Required from CEANZ	Yes/No
Support with TGA submission	
Support with site selection	
Protocol implementation refinement	
Support with patient recruitment	
Protocol training	
Market research activity	

Is there any other information or specifics that may be relevant or important for CEANZ to be aware of?

Please email completed document to info@ceanz1.com

Or Post to PO Box 6604, Tweed Heads, NSW 2485

Thank you and we look forward to supporting your project.

Clinical Engineers (CEANZ)