FORM		
	Document Description	Version No.
	SITE SPECIFIC ASSESSMENT APPLICATION	2.0

Instructions

- This form must be completed by the Principal Investigator or delegate For studies being conducted at the Nutromics Clinical Research Centre; 420 Victoria St Brunswick VIC Australia, for submission to the Nutromics Research Governance Office (RGO). Not all sections of the form will be relevant.
- The Site Specific Assessment (SSA) application can only be submitted once the

	earch Ethics Committee (HREC) approval has been given. d of this form will assist to ensure a full submission is nission to the RGO.
	hall be submitted to the RGO, in addition to the documentation O HREC or Nutromics Clinical Research Centre SSA.
Research Project	
HREC reference number	
HREC approval date	
Date of this report	
Project Title	
Sponsor	
Principal Investigator	
HREC reference number	
HREC approval date	
Date of this report	
Project Title	
Sponsor	
Principal Investigator	
Research Description Give a concise and simple of t methods to be used achieve th	he aims of this research, the proposal research design and the nose aims.
Researchers	
	Principal Investigator
Title	
First name	
Surname	
Mailing address	
Organisation name	
Position in organisation	



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Business hours phone number	
Fax number	
Email address	
AHPRA registration	
AHPRA expiry	

Principal Investigator		
Title		
First name		
Surname		
Mailing address		
Organisation name		
Position in organisation		
Business hours phone number		
Fax number		
Email address		
AHPRA registration		
AHPRA expiry		

Co Investigator		
Title		
First name		
Surname		
Mailing address		
Organisation name		
Position in organisation		
Business hours phone number		
Fax number		
Email address		
AHPRA registration		
AHPRA expiry		

TrainingWill any of the researchers at this site require extra training to enable their participation in this project?

Researcher	Training Required	Who will provide training?



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De amaitme and						
Recruitment	ha waad ta					
What process will identify potential p						
for the study at this						
Describe how init						
will be made with						
participants at this s	•					
What categories of						\Box
be recruited at this						
children and your						
people with an inte						
mental impairment	etc.)					
Does this study in	volve adult	 s with impaired				
capacity to consent	voive addit	s with impaired	□ yes] no	
Have the researche		vant community				
engagement with A		•				
	ıls, comm					
organisations		nceptualisation,		_] no	
development and a				-	1110	
management, ana						
dissemination of res	sults for this	study, relevant				
to this site?						
Provide the anticip	natod start	and finish date	s for resea	rch at this s	ita	
Start date refers to						าต
or screening for par						.9
5 1	•	3				
Finish date refers to	when no f	urther contact w	ith participar	nts/data sour	ce is foreseen	
including the data a	nalysis and	reporting period	d.			
Start date (dd/mm/y	/ууу)					
Finish date (dd/mm	/yyyy)					
Duration (months)	33337					
Duration (months)						
Clinical Trials Reg	ietrv					
Is the clinical trial		l on a publicly	□ ves			
accessible clinical t			□ yes Reference nun	nber:] no	
If no, please expl						\neg
registered on a publ	•	•				
registry database						

Indemnity and Insurance



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			•
	ustralia Standard Indemnity the sponsor attached?	, □ yes	□ no
Is there evidence of attached?	f adequate insurance cover	□ yes	□ no
Research Study A	greements		
	research study agreement, ant parties attached?	□ yes	□ no
•	dicate what type of study Medicines Australia (MA) rial Agreement)		
Intellectual Prope	rty considerations		
	ibility of new Intellectual eloped from this project?	□ yes	□ no
Has a search of undertaken?	f patent databases been	□ yes	□ no
use of existing in	state arrangements for the tellectual property and the ation to ownership?		□ no
Does the contract state arrangements for the use of all new intellectual property developed through the research project?			□ no
It may be necessar	cal and radiation safety (co y for research organisations ts for research involving bio s is required.	s to complete notification	n, registration or
notification and/or Office of the Ge	iosafety Committee (IBC) license application to the ne Technology Regulator val of genetically modified to the second to the necessity modified the necessity to the second to the second to the necessity the necessity to the necessity the necessity to the necessity the necessity the necessity to the necessity the necessity to the necessity the necessity to the necessity	□ yes	□ no
Will the project re Related Therapies	equire NHMRC Gene and Research Advisory Panel sment? CTAC (Cellular	□ vec	□ no
	uire application for a license Licensing Committee to search?		□ no
For projects wh Protection and	ere Australian Radiation Nuclear Safety Agency compliance is required, is specific radiation safety	, □ yes	□ no



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Declaration by the Principal Investigator

- 1. I declare the information in this form is truthful and accurate to the best of my knowledge and belief and I take full responsibility at this site.
- 2. I will only start this research project after obtaining authorisation from the site and approval from the responsible Human Research Ethics Committee (HREC);
- 3. I accept responsibility for the conduct of this research project according to the principles of the NHMRC National Statement on the Ethical Conduct in Human Research (2023) and the Australian Code for the Responsible Conduct of Research.
- 4. I undertake to conduct this research in accordance with the protocols and procedures as approved by the HREC and the ethical and research arrangements of the organisation(s) involved.
- 5. I undertake to conduct this research in accordance with relevant legislation and regulations.
- 6. I agree to comply with the requirements of adverse or unexpected event reporting as stipulated by the HREC and NHMRC
- 7. I will adhere to the conditions of approval stipulated by the HREC and will cooperate with HREC monitoring requirements.
- 8. I will inform the HREC if the research project ceases before the expected date. I will discontinue the research if the HREC withdraws ethical approval.
- 9. I understand and agree that study files and documents and research records and data may be subject to inspection by the HREC, the sponsor or an independent body for audit and monitoring purposes.

Principal Investigator name	
Principal Investigator signature	
Date	

