This form should be used when the proposed project requires goods or services from another department within the health service, if that supporting department does not provide their own quotation form eg cardiology, surgery; pathology tests; medical imaging requests; access to data/tissue; access to medical records when requesting a data export. This form should be submitted by the Principal Investigator (PI) with the research protocol to the relevant Supporting Department. The PI should then use the Supporting Department Quotation Request to complete the Financial Analysis form to inform the budget in the Site Specific Assessment form. Once completed, this form will need to be included in your REGIS submission, where the Head of the Supporting Department will approve the use of their services.

| **1** | **RESEARCH PROJECT** | |
| --- | --- | --- |
| 1.1 | REGIS Reference: |  |
| 1.2 | Project Title: |  |
| 1.3 | Protocol Number: |  |
| 1.4 | Coordinating Principal Investigator / Principal Investigator: |  |
| 1.5 | Health Service Site *(select one)*: | Royal Hobart Hospital  Launceston General Hospital  North West Regional Hospital  Oral Health Services  Ambulance Tasmania  Department of Health  Other |
| 1.6 | *(If Other selected at 1.5)*  Specify Details of Health Service Site: |  |
| 1.7 | Supporting Department *(select one)*: | Pharmacy  Imaging  Pathology  Medical Records  Other |
| 1.8 | *(If Other selected at 1.7)*  Specify Details of Supporting Department: |  |
| 1.9 | Anticipated Site Start Date *(dd/mm/yyyy)*: |  |
| 1.10 | Anticipated Site Finish Date *(dd/mm/yyyy)*: |  |
| 1.11 | Target number of participants expected at this site: |  |

| **2** | **SUPPORTING DEPARTMENT COSTS / RESOURCES REQUIRED**  *(this is a Department/Service Area that will provide services to the research project, but is not responsible for the overall conduct of the research project)* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Major category | | Service and Support Item | Cost Description | Cost per test/item | Quantity | | Total Cost |
| Choose an item. | | Choose an item. |  |  |  | |  |
| Choose an item. | | Choose an item. |  |  |  | |  |
| Choose an item. | | Choose an item. |  |  |  | |  |
| *(add/remove rows as required)* | | | | | | | |
| Total Estimated Cost *(transfer this amount to Section 3 of the Financial Analysis form)* | | | | | |  | |

N.B: Please ensure to list the Head of Department (for all relevant Supporting Departments) when completing your Site-Specific Assessment within the REGIS system.

*If you require assistance or have feedback regarding the use of this form, please contact* [*research.governance@health.tas.gov.au*](mailto:research.governance@health.tas.gov.au)*.*