**Participant Information Sheet/Consent Form**

*[Insert site name]*

|  |  |
| --- | --- |
| **Title** | *[Project Title]* |
| **Short Title** | *[Short Project Title]* |
| **Protocol Number** | *[Protocol Number]* |
| **Project Sponsor** | *[Project Sponsor in Australia]* |
| **Coordinating Principal Investigator/ Principal Investigator** | *[Coordinating Principal Investigator/ Principal Investigator]* |
| **Associate Investigator(s)***(if required by institution)* | *[Associate Investigator(s)]* |
| **Location** *(where CPI/PI will recruit)* | *[Location]* |

PICF content is determined by the type of study. Refer to the [NHMRC PICF](https://www.nhmrc.gov.au/research-policy/ethics/ethical-issues-and-resources) templates for guidance.

**Complaints details for PICFS by Hospital**

**RHH**

**Complaints contact person**

|  |  |
| --- | --- |
| Name | Consumer Liaison Manager orComplaints OfficerQuality and Safety Unit |
| Telephone | 03 6166 8308 or1800 811 911 |
| Email | South.feedback@ths.tas.gov.au |

**LGH**

**Complaints contact person**

|  |  |
| --- | --- |
| Name | Consumer Liaison Manager orComplaints OfficerQuality and Safety Unit |
| Telephone | 03 6777 6777 or1800 008 001 |
| Email | North.feedback@ths.tas.gov.au |

**NWRH**

**Complaints contact person**

|  |  |
| --- | --- |
| Name | Consumer Liaison Manager orComplaints OfficerQuality and Safety Unit |
| Telephone | 03 6493 6000 or1800 062 322 |
| Email | Northwest.feedback@ths.tas.gov.au |

**Mersey Community Hospital**

**Complaints contact person**

|  |  |
| --- | --- |
| Name | Consumer Liaison Manager orComplaints OfficerQuality and Safety Unit |
| Telephone | 03 6493 6000 or1800 062 322 |
| Email | Northwest.feedback@ths.tas.gov.au |