

RESEARCH COLLABORATION DEED – PROJECT SCHEDULE USER GUIDE

The Research Collaboration Deed between Griffith University (GU) and Gold Coast Hospital and Health Service (GCHHS) applies to research projects that fall within one or more of the following categories:

- (a) research using qualitative methods;
- (b) research using quantitative methods, population level data or databanks eg. Survey research, epidemiological research;
- (c) research on workplace practices or possibly impacting on work relationships;
- (d) health or social sciences research; or
- (e) research projects defined as negligible or low risks as defined by the responsible ethics committee (Responsible EC).

This Deed may **not** be used for:

- clinical trials,
- ARC or NHMRC funded projects or projects funded by other external agencies (i.e., other than GU or GCHHS) in which the funding body requires the use of a separate agreement or will impose onerous requirements which are better dealt with under a separate and specific agreement; or
- any research project involving third parties (i.e., any project which involves researchers other than staff from GCHHS and staff or students from GU, e.g. with Logan Hospital, Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Metro North Hospital and Health Service etc).

Note: Projects involving any of the above should be referred to the Office for Research.

Documentation to be completed prior to research commencing under the GU/GCHHS Research Collaboration Deed includes:

1. Ethics application. Researchers should use the NHMRC's National Ethics Application Form (NEAF). Once completed this application should be submitted to the GCHHS Ethics Committee or an alternative Queensland HHS ethics committee. (NOTE –Queensland Health policy currently dictates that HHS ethics committees cannot recognise ethics approval granted by a university ethics committee). The approving /HHS ethics committee will be regarded as the 'Responsible EC' under this Schedule.
2. Once /HHS ethics approval is granted, researchers need to complete and submit:
 - I. the Queensland Government's Site Specific Assessment (SSA) form including signatures from the Head of the GCHHS Department in which the research is being conducted, and signatures from all investigators as required on the form. The SSA is available on-line at: <https://au.forms.ethicalreviewmanager.com/Account/Login>;
 - II. a Griffith University Ethics Prior Review Application (available at <http://www.griffith.edu.au/research/research-services/research-ethics-integrity/human/ethical-reviews>) to GU Ethics to notify GU that this project is proceeding; and

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- III. GU/GCHHS Research Collaboration Deed – Project Schedule (i.e., **this form**) including associated documentation as required:
- i. All Griffith University staff participating in the research are required to complete and sign the **Griffith University Assignment of Intellectual Property Deed (GU-GCHHS Projects)** form.
 - ii. All Griffith University students who are participating in research involving GU and GCHHS, whether this be a student-only project or a project in which a student collaborates with staff from GU and/or GCHHS, are required to complete and sign the **Declaration Form – GU and GCHHS Projects- Student Research Projects or Participation Research Team**.
 - iii. Any Griffith University students who are participating in a research team involved in a collaborative research project with staff from GU and GCHHS, are required to complete and sign **Griffith University Assignment of Intellectual Property Deed (GU-GCHHS Projects)** form. Please note that the copyright in a student thesis remains the property of the student
 - iv. In the event that Moral Rights Consent is required, Griffith University staff are required to complete and sign the **Moral Rights Consent (GU-GCHHS Projects) form** (refer to the explanation regarding Moral Rights below).

Once the SSA and Project Schedule (including associated documentation) are completed they should be submitted together by the Principal Investigator to the relevant office within their organisation.

In the event that the Principal Investigator is employed by GCHHS the documentation should be submitted to:

Research Governance Officer
Research, Ethics and Governance Unit
Gold Coast Hospital and Health Service
gchresearch@health.qld.gov.au

In the event that the Principal Investigator is employed by GU the documentation should be submitted to:

Executive Officer
Menzies Health Institute Queensland
Griffith University
mhiq@griffith.edu.au

Once documentation has been submitted, the relevant officers will review the documentation. Once they are satisfied they will forward it to the corresponding officer of the other Party to review. Should there be any issues or omissions identified with the documentation during these reviews, the relevant officers will contact the researchers and provide advice and support to facilitate the completion/ correction of the documentation in a timely manner.

Upon confirmation from both officers that the documentation is complete, the Project Schedule will be forwarded by the Executive Officer, Menzies Health Institute Queensland to a delegated GU staff member to sign-off. Once signed by GU the Project Schedule will be forwarded by the Executive Officer, Menzies Health Institute Queensland to the Research Governance Officer GCHHS who will arrange counter-signing along with the SSA. GCHHS counter-signatures will occur within a maximum of 30 days of receipt by GCHHS of fully-completed GU-signed documentation. At the point that both

organisations have signed-off on the Project Schedule and the GCHHS has signed off on the SSA, the research can commence.

GUIDE TO ASSIST IN COMPLETION OF THE SCHEDULE

This document has been prepared to assist researchers in completing the Griffith University / Gold Coast Hospital & Health Service **Research Collaboration Deed – Project Schedule**.

This Project Schedule can be used for projects involving GU and GCHHS researchers ONLY. If other third parties (i.e., researchers are involved from organisations other than GU and GCHHS, or sites other than GU and GCHHS sites are used in undertaking the research) are involved in a project then project should be referred within Griffith University to the Office for Research (OR).

Detail	Description								
Project Name:	<i>Insert the name of the Project</i>								
Project Site(s):	<i>The project may be undertaken at either GCHHS, GU or both. Include as much detail as possible regarding the site(s) at which the research will be conducted (e.g., GCUH ED; or GU G40 room ##)</i>								
Protocol Identification:	<p><i>The Protocol Identification refers to the Research Plan (i.e., the information you have attached to Attachment A of this Schedule)</i></p> <table border="1"> <tr> <td>Full Title:</td> <td><i>Insert the full name of the Project</i></td> </tr> <tr> <td>HREC:</td> <td><i>Insert the HREC No.</i></td> </tr> <tr> <td>Date:</td> <td><i>Insert the date of the Research Protocol or Plan (or if there is no Protocol or Research Plan document, or if this documentation is undated, insert the date that the HREC for the study was submitted)</i></td> </tr> <tr> <td>Key Attachments:</td> <td><i>Sometimes the Protocol/Research Plan may include consent forms, questionnaires or patient information sheets etc. If this applies, please list these forms etc here.</i></td> </tr> </table> <p>See Attachment A to this Project Schedule for copy of full Protocol.</p>	Full Title:	<i>Insert the full name of the Project</i>	HREC:	<i>Insert the HREC No.</i>	Date:	<i>Insert the date of the Research Protocol or Plan (or if there is no Protocol or Research Plan document, or if this documentation is undated, insert the date that the HREC for the study was submitted)</i>	Key Attachments:	<i>Sometimes the Protocol/Research Plan may include consent forms, questionnaires or patient information sheets etc. If this applies, please list these forms etc here.</i>
Full Title:	<i>Insert the full name of the Project</i>								
HREC:	<i>Insert the HREC No.</i>								
Date:	<i>Insert the date of the Research Protocol or Plan (or if there is no Protocol or Research Plan document, or if this documentation is undated, insert the date that the HREC for the study was submitted)</i>								
Key Attachments:	<i>Sometimes the Protocol/Research Plan may include consent forms, questionnaires or patient information sheets etc. If this applies, please list these forms etc here.</i>								
Project Commencement Date:	<p><i>The Project Commencement Date will either be:</i></p> <ol style="list-style-type: none"> <i>1. A specified date on which the project is due to commence; or</i> <i>2. If the project is to commence immediately upon signing of the Schedule, simply write "The date upon which the last party signs this Schedule".</i> <p><i>Ensure that the date or the statement you insert here is consistent with the project commencement date or statement that you have included on your SSA.</i></p>								
Project Completion Date:	<i>Insert Project Completion date. If you are uncertain of the exact date that a project will conclude you should insert the finish date as shown on your approved ethics application (NEAF).</i>								
Funding Agreement:	<i>Normally the response to this section will be "N/A". If the research is</i>								

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	<i>funded, it should be referred within Griffith University to the Office for Research to coordinate the development of the necessary agreement (as outlined above)</i>
Principal Investigator:	<i>Insert the name of the Principal Investigator</i>
GCHHS Personnel:	<i>Insert the names of all GCHHS personnel who are participating in the research project.</i>
Griffith Personnel:	<i>Insert the names of all Griffith personnel who are participating in the research project.</i>
Student(s)	<p>Name of Student: Griffith University Student No.:</p> <p><i>This section is only to be completed if the research project is a Student project <u>only</u> – i.e., if a student is <u>part</u> of a collaborative research team which involves other non-student researchers (other than the student’s academic supervisor), then this section does not apply and you should write “NIL”</i></p> <p><input type="checkbox"/> HDR/Award course project only (Honours/Masters/PhD) [Supervising Investigator – [must be GU employee]</p> <p><i>If the research project is a Student <u>only</u> project, please select the appropriate level of the program in which the student is enrolled (i.e., delete levels that do not apply)</i></p>
Responsible EC:	<p><i>Responsible EC refers to the responsible ethics committee (i.e., the ethics committee which has approved your study to proceed). Insert the name of the relevant Ethics Committee which has approved the research project. This will normally be the GCHHS Human Research Ethics Committee or an alternative HHS ethics committee.</i></p> <p><i>Please insert the HREC ref No.</i></p>
Clinical Subject Data	<p><i>This section is designed to ensure that it is clear where either GU or GCHHS (the Parties) are required to provide clinical subject data to support the research, and to specify the documentation and/or data that is required to be provided, by what date and in what form. This information is included as a protection for researchers to ensure that, through this Schedule, is a legally-binding agreement that the documentation and/or data that is required for the study will be provided by the respective parties.</i></p> <p><input type="checkbox"/> Will interaction with Clinical Subjects be required to procure Clinical Subject Data:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Griffith / GCHHS to obtain</p> <p><i>Confirm whether GU or GCHHS will provide access to Clinical Subjects in order to procure Clinical Subject Data</i></p> <p>If so, list documents which will be supplied:</p> <p>a. ##</p>

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	<p>b. ##</p> <p><i>Examples of documentation may include a questionnaire. If you have already listed documents relevant to interaction with Clinical Subjects in your NEAF or SSA documentation you may simply refer to the relevant section of the NEAF or SSA here rather than repeat this information on this form.</i></p> <p><input type="checkbox"/> Will Clinical Subject Data be required:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Griffith/GCHHS to provide</p> <p><i>Confirm whether GU or GCHHS will provide access to Clinical Subject Data</i></p> <p>If so, list data required:</p> <p>a. ##</p> <p>b. ##</p> <p><i>As above.</i></p> <p># max/min number of clinical subjects will be required.</p> <p>Date Required by: [insert date]</p> <p><i>If there is a specific date (or dates) that you need the Clinical Subject Data to be provided for the research project, then include these date(s) here. If you are not able to determine an exact date due to uncertainties (e.g., over when the project will be approved to commence) then instead of inserting a date you may insert a statement (e.g., "within xxx weeks/months of commencement of the project").</i></p> <p>Form: ["As collected and de/re/identifiable"]</p> <p><i>It is important that you specify the form that you want the data provided in (e.g., de/re/identifiable; hardcopy printout/data csv file; other).</i></p> <p>Manner of Delivery: [storage & handling requirements]</p> <p><i>Detail whether there are any specific delivery, storage or handling standards that must be met in providing the Clinical Subject Data.</i></p> <p>Other information: [##]</p> <p><i>Insert any other information or requirements in relation to the Clinical Subject Data if required. If no further information is required, insert "Not Applicable".</i></p>
Biological Samples:	<p><input type="checkbox"/> Will a Party require the procurement of Biological Samples:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Name: Griffith/GCHHS to obtain</p> <p><i>Confirm whether GU or GCHHS will provide access to Clinical Subject Data</i></p> <p>If so, list the samples (including No.) required:</p> <p>a. ##</p> <p>b. ##</p> <p><i>If biological samples are to be provided by a party (GU or GCHHS), then you should list what those samples are e (e.g., blood sample),</i></p>

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	<p><i>and the number of samples that will be provided. If you have already listed information specifying Biological Samples required in your NEAF or SSA documentation you may simply refer to the relevant section of the NEAF or SSA here rather than repeat this information on this form.</i></p> <p>Date Required by: [insert date]</p> <p><i>If there is a specific date (or dates) that you need the Biological Samples to be provided for the research project, then include these date(s) here. If you are not able to determine an exact date due to uncertainties (e.g., over when the project will be approved to commence) then instead of inserting a date you may insert a statement (e.g., “within xxx weeks/months of commencement of the project”).</i></p> <p>Form: [“As collected and de/re/identifiable”]</p> <p><i>It is important that you specify the form in which you want the Biological Samples provided to you.</i></p> <p>Manner of Delivery: [storage & handling requirements]</p> <p><i>Detail whether there are any specific delivery, storage or handling standards that must be met in providing the Biological Samples.</i></p> <p>Other information: [##]</p> <p><i>Insert any other information or requirements in relation to the Biological Samples if required. If no further information is required, Insert “Not Applicable”.</i></p>				
GCHHS Contribution :	<p>All Cash contributions are GST exclusive.</p> <table border="1"> <tr> <td data-bbox="571 1220 815 1615">Cash</td> <td data-bbox="815 1220 1404 1615"> <p><i>Insert the amount of <u>cash</u> contribution that GCHHS will make to the project which will be used internally by GCHHS to carry out its obligations to the project. Write “Nil” if no cash contribution applies.</i> This section should only show cash contributions which are made by GCHHS in order to carry out GCHHS’s activities in order to fulfil its obligations under the Project (i.e., this section does <u>not</u> include funds that are transferred between GCHHS and GU which are dealt with in Attachment B).</p> </td> </tr> <tr> <td data-bbox="571 1615 815 2016">In-Kind (includes Time of Personnel, Equipment, Facilities and Project Site(s))</td> <td data-bbox="815 1615 1404 2016"> <p><i>Specify in detail in-kind contributions.</i></p> <p><i>If Personnel are providing time, please specify (e.g., 0.4 FTE of Research Fellow etc).</i></p> <p><i>All Equipment used for the research must be listed.</i></p> <p><i>All Facilities listed should be detailed (i.e., list rooms etc to be used for the research).</i></p> <p><i>Project sites (i.e., list offices, etc in which research will be undertaken).</i></p> </td> </tr> </table>	Cash	<p><i>Insert the amount of <u>cash</u> contribution that GCHHS will make to the project which will be used internally by GCHHS to carry out its obligations to the project. Write “Nil” if no cash contribution applies.</i> This section should only show cash contributions which are made by GCHHS in order to carry out GCHHS’s activities in order to fulfil its obligations under the Project (i.e., this section does <u>not</u> include funds that are transferred between GCHHS and GU which are dealt with in Attachment B).</p>	In-Kind (includes Time of Personnel, Equipment, Facilities and Project Site(s))	<p><i>Specify in detail in-kind contributions.</i></p> <p><i>If Personnel are providing time, please specify (e.g., 0.4 FTE of Research Fellow etc).</i></p> <p><i>All Equipment used for the research must be listed.</i></p> <p><i>All Facilities listed should be detailed (i.e., list rooms etc to be used for the research).</i></p> <p><i>Project sites (i.e., list offices, etc in which research will be undertaken).</i></p>
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In-Kind (includes Time of Personnel, Equipment, Facilities and Project Site(s))	<p><i>Specify in detail in-kind contributions.</i></p> <p><i>If Personnel are providing time, please specify (e.g., 0.4 FTE of Research Fellow etc).</i></p> <p><i>All Equipment used for the research must be listed.</i></p> <p><i>All Facilities listed should be detailed (i.e., list rooms etc to be used for the research).</i></p> <p><i>Project sites (i.e., list offices, etc in which research will be undertaken).</i></p>				

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		<p><i>If you have already listed the in-kind contribution of GCHHS in your NEAF or SSA documentation you may simply refer to the relevant section of the NEAF or SSA here rather than repeat this information on this form.</i></p>	
	Background IP	<p>Listed in Attachment C to this Project Schedule <i>Nothing is required to be completed here.</i></p>	
Griffith Contribution:	<p>All Cash contributions are GST exclusive.</p>		
	Cash	<p><i>As above, this section refers to cash which is going to be provided by GU for GU to spend on the project (i.e., this section does <u>not</u> include funds that are transferred between GU and GCHHS)</i></p>	
	In-Kind (includes Time of Personnel, Equipment, Facilities and Project Site(s))	<p><i>As above.</i></p>	
	Background IP	<p>Listed in Attachment C to this Project Schedule <i>Nothing is required to be completed here.</i></p>	
Funding/Payment Terms:	<p>Insert [Not Applicable] if no payments will be made under Project or See Attachment B to this Project Schedule for Funding/Payment terms (All amounts in Attachment B are GST exclusive). <i>This section <u>only</u> applies if money is being transferred between GU and GCHHS (and this information must appear in Attachment B).</i></p> <ul style="list-style-type: none"> <i>• If no money is being transferred between GU and GCHHS, write "Not Applicable" in this section.</i> <i>• If money is being transferred between GU and GCHHS write "See Attachment B" in this section.</i> 		
Activities:	<p><i>Insert all relevant milestones, their due dates and the Party responsible (i.e., Griffith or GCCHS or both). If this information is already set out in the NEAF or Protocol/Research Plan or elsewhere within this Schedule, simply make reference to the timeline or project milestones (e.g., "refer to pg #/section # of the NEAF or Protocol/Research Plan or the relevant section of this Schedule).</i></p> <p><i>Especially note in this table instances where there is something that <u>must</u> be delivered by a specific date (e.g., a report to the funding provider).</i></p>		
	No.	Activities	Party Responsible
			Due Date

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	1.			
	2.			
	3.			
	4.			
	5.			
Project IP Ownership:	<p>To be determined in accordance with clause 14.1 of the Deed</p> <p><i>Ownership of Project IP that is developed by staff of GU and GCHHS will be dealt with through the Research Collaboration Deed which has been agreed between GU and GCHHS. If Project IP is to be developed by staff of GU and/or GCHHS, then the above statement applies i.e., "To be determined in accordance with clause 14.1 of the Deed").</i></p> <p><i><u>NOTE: all GU academics (and any GU students who are part of the GU research team) participating in a research project under this Schedule will need to execute an 'Assignment of Intellectual Property Deed (GU-GCHHS Projects)' form.</u></i></p> <p>If Project is a 'Student only project with no active collaboration between Griffith and GCHHS, please insert:</p> <p><i>You only need to complete this section if the research is a Student <u>only</u> project (i.e., if no other non-student researchers from GU or GCHHS are involved in developing the intellectual property (IP) – acknowledging that there will be involvement by staff e.g., the Student's academic supervisor, but that the IP developed within the project will be the Student's IP). In the event the research is a Student <u>only</u> project, IP ownership will vest in the Student.</i></p> <p>HDR/Award course project only (Honours/Masters/PhD) – All Student Project IP vests in Student(s).</p> <p><i>In the event that the research project is a Student <u>only</u> project, please select the appropriate level of the program in which the student is enrolled (i.e., delete levels that do not apply).</i></p>			
Commercialisation:	<p>To be determined by the Parties in accordance with clause 15 of the Deed.</p> <p><i>Nothing is required to be completed here.</i></p>			
Special Conditions:	<p><i>Please specify if there are any special conditions that apply to the research (e.g., conditions that may be required by a funding body if applicable). If there are none write "Nil".</i></p>			
Background IP Register:	<p>See Attachment C to this Project Schedule.</p> <p><i>Nothing is required to be completed here.</i></p>			
Moral Rights Consent	<p><input type="checkbox"/> Moral Rights consent required pursuant to Funding Agreement;</p> <p><input type="checkbox"/> Moral Rights Consent required by Party to Project;</p> <p>If so, clauses 11.2 applies and separate Moral Rights consents required from all Personnel on Project.</p> <p>If not, clause 11.3 applies</p> <p><i>Moral Rights refers to an author's rights under the Copyright Act to:</i> <i>(i) a right of attribution of authorship;</i> <i>(ii) a right not to have authorship falsely attributed; or</i></p>			

	<p><i>(iii) a right of integrity of authorship.</i></p> <p><i>There may be instances where either party (GU or GCHHS) to the research agreement indicate that they would like to request that a project be subject to Moral Rights consents through which the author(s) consent to their moral rights being waived (e.g., where the project is creating documents which may be of internal use to the provision of health services within an HHS). In this instance, researchers may be required as a condition of undertaking the research to complete a Moral Rights Consent (GU-GCHHS Projects) form through which they consent to waiving some of their normal moral rights. Consents that may generally be sought are included on the Moral Rights Consent form. If you are asked by one of the parties to waive moral rights that exceed the normal arrangements that are listed on the Moral Rights Consent form, you are encouraged to consult with the University's Legal Services Unit for advice.</i></p> <p><i>There are 3 possible scenarios to this section:</i></p> <ol style="list-style-type: none"> <i>1. If the research is governed by an external Funding Agreement which requires authors to provide moral rights consent. In this instance researchers should refer the matter to the Office for Research to manage on their behalf; or</i> <i>2. If either or both of the parties to the GU/GCHHS Research Collaboration Deed requires a moral rights consent (this is more likely to be GCHHS rather than GU). In this instance the authors of the research will be required to complete a Moral Rights Consent (GU-GCHHS Projects) form.</i> <i>3. No Moral Rights Consent will be required by the parties, and so staff may simply delete all text in this section except the words "Clause 11.3 applies". In this instance, staff will retain all Moral Rights in the work that they produce. <u>It is expected that this scenario will apply in most cases.</u></i>
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ATTACHMENT A – PROTOCOL

(Attach copy of Protocol/Research Plan)

Needs to include a brief synopsis of:

- *Aims & hypotheses;*
- *Background;*
- *Previous research;*
- *Research Plan, including who (Griffith or GCHHS) is required to do each task (ie. Preparation, recruitment, data collection, data analysis, drafting results or project progress reports, dissemination of results, winding up of project including final report etc; and*
- *Outcomes and significance.*

This section should address at a minimum a confirmation of 'who is doing what, where and when' in support of the study. This section is included for the protection of the researchers to ensure there is a clear record of obligations and responsibilities against which the parties (GU and GCHHS) can be held to account.

If a separate Protocol or Research Plan has been developed, please make reference to the relevant section and/or pages of this document below and attach the document to the Schedule when you submit it. If you have addressed the items above in your NEAF make reference to the relevant section(s) of the NEAF below.

ATTACHMENT B – PAYMENTS SCHEDULE

In this section, financial payments that are to be made between the Parties (GU and GCHHS) only should be included (i.e., this section is not used to record any payments that are to be made to, or received from, any individual or organisation other than GU and GCHHS).

IF NO PAYMENTS BEING MADE – Insert [NOT APPLICABLE] and delete remainder of Attachment B:

All amounts shown in this Attachment are GST exclusive.

No.	Payment Type	Activity to be completed to activate payment	Date to be completed	Recipient <i>i.e., the Party (GU or GCHHS)</i>	Instalment amount payable (GST exclusive)
1.	Initial payment				\$
2.	Progress payment				\$
3.	Final payment				\$
TOTAL					\$

Invoices issued by the Recipient must include the following information:

- (a) the words “tax invoice” stated prominently;
- (b) the Recipient’s name;
- (c) the Recipient’s ABN;
- (d) the date of issue of the tax invoice;
- (e) Project Name/Number; and
- (f) the GST amount, if any, shown separately.

Payment will be effected by electronic funds transfer (EFT) to the Recipient’s bank account. The account as at the date this Project Schedule is signed is:

Banking Institution Name:
Recipient Business Account Name:
BSB No:
Account No.:
Reference:

ATTACHMENT C - BACKGROUND IP REGISTER

Background IP refers to existing intellectual property that belongs to, or is under the control of a Party, which the Party provides to support the research. This section allows each Party (GCHHS and GU) to identify background intellectual property (IP) which they believe is of specific value, and which they wish to formally identify as being contributed to the research at the outset of the project. If you are unsure whether or not IP that you are bringing to the project should be listed, please consult the staff below:

GCHHS researchers should consult:

*Research Governance Officer
Research, Ethics and Governance Unit
Gold Coast Hospital and Health Service
gchresearch@health.qld.gov.au*

GU researchers should consult:

*Executive Officer
Menzies Health Institute Queensland
Griffith University
mhiq@griffith.edu.au*

If a party is contributing no specific Background IP to the project, simply write "Nil" in the relevant row (GCHHS or GU) of this table.

Party/Owner of the BIP	Detailed Description of BIP	Date Supplied	Encumbrances, restrictions on use or third party interests
Gold Coast Hospital & Health Service			
Griffith			

ATTACHMENT D - NEAF

(Attach a copy of the NEAF)

Attach a copy of your NEAF when you submit the Schedule.

EXECUTED as an Agreement:

Signed for and on behalf of **GOLD COAST HOSPITAL AND HEALTH SERVICE** by an authorised person in the presence of:

.....
Signature

.....
Signature of the witness

.....
Name (please print)

.....
Name (please print)

.....
Position

.....
Date of signing

Signed for and on behalf of **GRIFFITH UNIVERSITY** by an authorised person in the presence of:

.....
Signature

.....
Signature of the witness

.....
Name (please print)

.....
Name (please print)

.....
Position

.....
Date of signing