**Please fill out this form in Part 1 and 3**

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| Part 1 Details of research project1. Principle Investigator (PI) ……………………………… Department …………………………….. Tel …………………..
2. Co-PI …………………………………………………….. Department …………………………….. Tel …………………..

Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..Co-PI …………………………………………………….. Department …………………………….. Tel …………………..1. Project Title (Thai) ……………………………………………………………………………………………………………...

 Project Title (English) ………………………………………………………………………………………………………….1. Protocol No ………………………………………………………..
2. SIRB Protocol No.(จาก EC) ………… XXX/XXXX (XXX)…………………………………
3. This project is a drug test that was indicated in the same way of other countries. □ YES □ NO
4. Sponsor(s) Name ……………………………………………………………………………………………………………….

 Type of Sponsor □ Local company □ International company1. Contract research organization (CRO) Name ………………………………………………….…………………………..
2. Duration ……….. year………. Month from (month) …………(year) ………To (month)…….. (year) ………
3. Payment Details
* Account Name (Thai) : “เงินอุดหนุนการวิจัย สำนักงานอธิการบดี มหาวิทยาลัยมหิดล”

Account Name (Eng) : ” Mahidol University” Account Number : 316-403836-7* Account Name (Thai) : “เงินรายได้คณะแพทยศาสตร์ศิริราชพยาบาล”

Account Name (Eng) : Income of Faculty of Medicine Siriraj Hospital เลขที่บัญชี: 016-241940-7* Other : (please define)…………………………………………………….
1. (Estimate) Enrollment target……………………. Case
2. Budget/case ……………………….. Baht
3. Total budget ……………………. Baht (Include 20% Overhead) (fill in the payment of each installation as capable)

1st installation payment on ……………………………….. Estimate budget………………….. Baht2nd  installation payment on ………………………………. Estimate budget ………………..... Baht3rd installation payment on ……………………………… Estimate budget …………………. Baht4rd  installation payment on ……………………………… Estimate budget …………………. Baht  |
| PART 2 An agreement approval1. Obtain an agreement for review and/or the cover letter of PI or Clinical Research Associate (CRA) of sponsor or CRO on ……………………………………………………..
2. SICRES Administration Reviewed on…………………………………………..
* In case that **estimate** total budget **less** than 25,000,000 Baht
	+ Assistant Dean of Research
		- * Approved on ……………………………………………………..
			* Call for editing on ………………………………………………..
				+ Editing approved on…………………………………
	+ Dean of Faculty of Medicine Siriraj Hospital signed on ……………………………
* In case that **estimate** total budget **equal or more** than 25,000,000 Baht, power of attorney request from the

 president to authorized dean or assigned person for the signature* + Research Mangement and Development Division
		- * Approved on ……………………………………………………..
			* Call for editing on ………………………………………………..
				+ Editing approved on………………………………..…
	+ Dean of Faculty of Medicine Siriraj Hospital signed on ……………………………
1. Complete signature of an agreement
* Return to contact person amount ……………………………. Copy on ……………………………………
* One original agreement delivered to SiCRC on …………………………………………………….……….
* One copy of document and/or electronic file collected at Office for the deputy dean of research
* Inform the responsibly research administrator to track on the research project

PART 3 Research project coordination1. Coordinated by
* SiCRES
* PI
* Other : (Please identify) ……………………………………………………………………………….……….
1. Coordinator -Sponsor Name………………………..Tel…………………………Email……………………………
2. Coordinator -CRO Name………………………..Tel…………………………Email……………………………
3. Coordinator -PI Name………………………..Tel…………………………Email……………………………

PART 4 For RecorderRecord by …………………………………………… signature ……………………………… Date ………………………... |