

Schedule 2 – Exemplar

HEALTH TRANSLATION QUEENSLAND PASSPORT AGREEMENT PROJECT SCHEDULE

This Project Schedule to the HTQ Research Passport Agreement dated December 2022 incorporates the relevant Terms of the Research Passport Agreement and upon execution, constitutes a separate agreement between the Collaborators [and Third Party Collaborators] named below.

Mouse over the ⓘ symbol to view instructions for completing each section.	
Project Title	<p>“A qualitative study on patient perspectives following ankle fracture recovery”</p> <p><i>Ensure the Project Title matches the HREC approved Protocol/Project Plan that is attached as Appendix A as appropriate</i></p>
Project Description ⓘ	<p>Ankle fractures are very common and can impact significantly on a person's ability to participate in their daily activities including work, family and leisure activities. Ankle therapy (rehabilitation) is warranted for select patients ankle fractures who experience slow recovery, including older patients. Given how intensive this rehabilitation can be, the use of groups may be a cost-effective treatment option. However, there is very minimal research regarding the use of groups in rehabilitation following ankle injury including the experiences of patients. Patient (consumer) feedback is widely accepted as essential for service development and improvement. This study will explore the perspectives of patients (consumers) of their participation in an ankle therapy group following ankle fracture. It will also examine patient goal attainment and occupational performance outcomes. The findings from this project have scope to improve the provision of group-based ankle therapy.</p> <p><i>This is a short paragraph only and is not meant to be the full Project Plan. It could be an abstract from the funding application or a basic project summary and include a short version of the aims and objectives.</i></p> <p><i>If this is a substudy of a larger project, this description should refer to the component governed by this HTQ Passport Agreement Project Schedule only.</i></p>

Partners ⓘ	<p><i>Please ensure you tick all partners that are involved in the project. Please note, only the partners listed below may be party to this agreement.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Children’s Health Queensland Hospital and Health Service <input type="checkbox"/> The Commonwealth Scientific and Industrial Research Organisation <input type="checkbox"/> Gold Coast Hospital and Health Service <input type="checkbox"/> Griffith University <input type="checkbox"/> Mater Misericordiae Limited <input type="checkbox"/> Metro North Hospital and Health Service <input checked="" type="checkbox"/> Metro South Hospital and Health Service <input type="checkbox"/> QIMR Berghofer Medical Research Institute <input type="checkbox"/> The State of Queensland acting through Queensland Health <input type="checkbox"/> Queensland University of Technology <input checked="" type="checkbox"/> The University of Queensland <input type="checkbox"/> Translational Research Institute <input type="checkbox"/> West Moreton Hospital and Health Service
Head Agreement	<p>Yes - please attach</p> <p><i>For example, a head agreement from a funder. If there is no overarching agreement for the project in place – state “N/A”</i></p>
Commencement Date ⓘ	<p>Option 1 - “Upon execution of this Agreement”</p> <p>Option 2 – Specify an actual date.</p> <p><i>Where there is a Head Agreement, it may be more appropriate to include defined start date (that aligns with the Head Agreement).</i></p>
Completion Date	<p>Option 1 – “Upon expiry of the HREC Approval”</p> <p>Option 2 – Specify an actual date.</p> <p><i>Where there is a Head Agreement or University Student involvement, it may be more appropriate to include a defined end date. If the project is subject to a Head Agreement, the end date of this HTQ Passport Agreement Project Schedule must align with that and Option 2 is unsuitable.</i></p>
Ethics Approval ⓘ Reference Number	<p>HREC/2023/QMS/12345</p> <p><i>Insert Lead Ethics Organisation and Approval number</i></p>
SSA Reference Number (if applicable)	<p>MSHHS: 12345</p> <p><i>Include SSA reference numbers from all hospital sites involved in this Agreement</i></p>

**Coordinating Principal
Investigator / Chief
Investigator**

Prof Johannes Smith

*This should list the name of the Chief Investigator of the entire Project.
It should be one of the Investigators listed in the section below.*

Investigator/s ⓘ	<p>UQ</p> <p>Prof Johannes Smith School of Health and Rehabilitation Sciences Phone: 07 3123 4567 Email: j.smith@uq.edu.au</p> <p>Dr Roberta Brun School of Health and Rehabilitation Sciences Phone: 07 3223 4567 Email: r.brun@uq.edu.au</p> <p>MSHHS</p> <p>Dr Brianne Jones Metro South Pain Rehabilitation Unit Princess Alexandra Hospital Phone: 07 3323 4567 Email: b.jones@health.qld.gov.au</p> <p>Dr Avril LaGreen Metro South Pain Rehabilitation Unit Princess Alexandra Hospital Phone: 07 3423 4567 Email: a.lagreen@health.qld.gov.au</p> <p><i>Ensure the Investigator's affiliation/s listed accurately reflect the role being undertaken by the Investigator on this particular project. If more than one affiliation is required, they should be listed separately and a Conflict of Interest declaration may be required.</i></p> <p><i>Ensure all affiliations listed are parties to this agreement.</i></p> <p><i>Ensure current contact details are provided for all Investigators</i></p>
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	<p><i>As defined, Investigators must be employees of the party. Do not include students in this section.</i></p>
Student(s) ⓘ	<p>Jane Smith (PhD candidate, The University of Queensland), email, phone.</p> <p><i>Ensure all the student's detailed are included (name, enrolling insitution, program and contact information).</i></p> <p><i>In some circumstances, for example in the case of a student-driven project, it may be appropriate to exclude the additional wording above regarding additional or replacement students. In such case, it would be necessary to execute a Deed of Variation to add add/replace students.</i></p>
Student Supervisor	<p>Prof Johannes Smith</p> <p><i>Include details of the Student Supervisor/s here. These details should be confirmed with the enrolling Institution. Please note that they should be a named Investigator on this Agreement.</i></p>

**Address for service ⓘ
of Parties**
Metro South Hospital and Health Services
Technical, administrative and legal notices
Attention: Manager Integrity and Compliance

Postal Address: Metro South Health Research Governance Office,
Metro South Research

Level 7, Translational Research Institute

37 Kent Street, Woolloongabba QLD 4102

Telephone number: (07) 3443 8050

Email: MSH-RGO@health.qld.gov.au
UQ
Technical and Administrative Notices (Lead UQ Researcher)
Attention: Prof Johannes Smith

Postal address: School of Health and Rehabilitation Sciences

Telephone number: 07 3123 4567

Email: j.smith@uq.edu.au
Legal Notices
Attention: Director, Research Commercial Management



Postal address: The University of Queensland, Brisbane QLD 4072

Telephone number: 07 344 31768

Fax number: 07 3443 3101

Email: director.partnerships@research.uq.edu.au

Technical and administrative notices usually go to the lead CI, while legal notices should be sent to an appropriate delegate or contract manager at each party. This section can be left blank if you are unsure.

Activities to be  conducted by Parties	<p>UQ</p> <ul style="list-style-type: none"> • Ethics and Governance Submissions • Data Analysis • Publication and dissemination of findings <p>MSHHS</p> <ul style="list-style-type: none"> • Participant Recruitment and Consent • Data Collection (including employing study nurse) • Assist with data analysis • Publication and dissemination of findings <p><i>This is where you describe the activities that each party will undertake as part of this project. These should be grouped by Party. If an investigator has multiple affiliations, clearly list their responsibilities under each party they would conduct those activities for. Dot points are acceptable.</i></p>
<p>Funding </p> <p>Or include as an appendix</p>	<p>Option 1 – No funding will be transferred between the parties</p> <p>Option 2 - UQ has received funding from the Example Foundation under the Head Agreement and is the administering institution of this funding.</p> <p>UQ will pay MSHHS \$50,000 in total.</p> <p>Funding is to be transferred upon execution of this Agreement and should be spent in accordance with the budget included in the Project Proposal in Appendix A.</p> <p><i>This section should be used to describe external funding relating to this project and that is transferrable to the parties under this Agreement. List if funding has been secured under a Head Agreement and confirm who is the Administering organisation of that funding. State what portion of this funding is being transferred between the parties. Include details about which party is paying and at what time. Clarify the invoicing procedure and any budget requirements.</i></p> <p><i>If there is no transfer of funding state – “No funding will be transferred between the parties” for clarity.</i></p>

Address for Finance ⓘ	<p>UQ</p> <p>Attention: Finance Manager</p> <p>Ref: <i>This should be a purchase order number or other meaningful reference that will allow for identification of the invoice.</i></p> <p>Postal address: Click or tap here to enter text.</p> <p>Telephone number: Click or tap here to enter text.</p> <p>Email: Click or tap here to enter text.</p>
Contributions ⓘ	<p>UQ</p> <ul style="list-style-type: none"> • In-kind contribution of staff time to conduct the Activities <p>MSHHS</p> <ul style="list-style-type: none"> • Access to hospital facilities • In-kind contribution of staff time to conduct the Activities <p><i>Include details here of all contributions by each Party. Only include in-kind contributions from each Party and cash contributions that are not being transferred between Parties (as these are outlined in 'Funding' above). Include, for example, access to facilities or equipment, in-kind salary contributions, per patient/procedure payments, etc.</i></p>
Collecting Party ⓘ	<p>MSHHS</p> <p><i>This is the Party who is collecting either the Study Participant Data or the Human Biological material as listed below. If none is being collected state – "N/A"</i></p>
Human Biological Material ⓘ	<p>Blood samples collected from patients by MSHHS will be transferred to UQ for analysis as per the Protocol.</p> <p>Delivery Address: The University of Queensland, St Lucia</p> <p>Transfer Date: As collected</p> <p><i>This relates to physical samples of biological material. Include a description of the material and details about how it is being transferred and when (if applicable)</i></p>

Study Participant Data ⓘ	<p>Patient demographic data, survey details and reason for referral as outlined in the Protocol. This data will be collected and deidentified by MSHHS and transferred electronically to UQ to be stored on a secure server (UQRDM).</p> <p>Delivery Address: Transferred electronically</p> <p>Transfer Date: As collected and deidentified</p> <p><i>This relates to any data related to a Study Participant provided for the purpose of the Project. Briefly clarify what this data includes, how it will be stored, who will provide/receive this data including how and when. Questions to consider: Is it deidentified? Is it being stored on a server? Is it being transferred electronically on a particular date? Is to be collected and deidentified? Note: In projects where the Principal Investigator is using the project for a HDR project, it is considered a transfer from their clinical appointment institution to their academic appointment institution.</i></p>
Material Transfer ⓘ	<p>N/A</p> <p>Approved purpose: Click or tap here to enter the Approved purpose.</p> <p>Delivery Address: Click or tap here to enter the Delivery Address.</p> <p>Transfer Date: Click or tap to enter the Transfer Date.</p> <p><i>This refers to non-human biological material only. Describe the material that will be shared between the Parties and for what purpose it can be used. Also include details of how it will be shared and when.</i></p>
Background IP ⓘ	<p>The ankle fracture survey tool is owned by The University of Queensland (authors Smith and Brun). It is made available to the parties for the purposes of conducting the research in accordance with the Protocol only.</p> <p><i>Include details of any Party's Background IP (BIP) that is being made available to the other Parties for the purpose of undertaking this project and any prior encumbrances or restrictions on that BIP. If the definition of BIP is NOT to include 'Improvements', specify this here.</i></p>
Project IP Owner ⓘ	<p>Option 1 – Specify a single owner</p> <p>Option 2 - Collaborators as tenants in common in equal shares</p> <p>Option 2 - Collaborators as tenants in common in proportion to inventive or intellectual contribution</p> <p><i>Include here details of the party/parties that will own the Project IP.</i></p>

Health and Hospital Purpose ⓘ	<p>Option 1 - Yes - Public Health and Hospital Purpose licence granted.</p> <p>Option 2 - No - Public Health and Hospital purpose licence is not granted.</p> <p><i>If you wish to include Health and Hospital Purpose in the definition of Internal Purposes then state this here. This should be a Yes/No response as indicated in the options above.</i></p>
Commercialisation ⓘ	<p>N/A</p> <p><i>Insert the name of the entity that will lead any commercialisation of the Project IP</i></p>
Revenue Sharing ⓘ	<p>N/A</p> <p><i>Insert what percentages of net revenue each relevant Party shall be entitled to from Commercialisation of Project IP (if applicable or known)</i></p>
Other Commercialisation Terms ⓘ	<p>N/A</p> <p><i>Insert any other Commercialisation terms (if applicable or known)</i></p>
Moral Rights ⓘ	<p>N/A</p> <p><i>If a Party needs another Party to sign a Moral Rights waiver (for example as required under a Head Agreement), specify these details here.</i></p>

Special Conditions ⓘ	<p>Replacement Schedule clause</p> <p>A. By execution of this Project Schedule, each Collaborator acknowledges that the original HTQ Research Passport Agreement Schedule for the Project dated [INSERT DATE] (Original Schedule) is terminated in its entirety and is replaced by this HTQ Research Passport Agreement Schedule for the Project effective from the Commencement Date set out herein.</p> <p>B. Notwithstanding the provisions of Special Condition A, nothing in this HTQ Research Passport Agreement Schedule for the Project affects any accrued rights or remedies of a party under the Original Schedule including any accrued rights or remedies of the parties.</p> <p><i>Include any special conditions or any other modifications to the HTQ Research Passport Agreement terms applicable to this project here.</i></p> <p><i>The Replacement Schedule clause should be used where (1) multiple updates are required to an existing HTQ Research Passport Agreement Schedule (and subsequent variations) and (2) it is suitable to create one, updated Schedule incorporating all changes for clarity.</i></p> <p><i>Ensure you retain copies of the original HTQ Research Passport Agreement Schedule and any variations, and ensure that you list their execution dates when the Replacement Schedule clause is used.</i></p> <p><i>Ensure you update the HTQ Research Passport Agreement Schedule in sections where appropriate (e.g. funding) to acknowledge activities that were completed.</i></p> <p><i>The Replacement schedule can only be used if the same parties that signed the original HTQ Research Passport Agreement Project Schedule also sign the new HTQ Research Passport Agreement Project Schedule.</i></p> <p><i>The Replacement schedule <u>MUST NOT</u> be used when:</i></p> <ol style="list-style-type: none"> <i>1. a party is being replaced with another party; or</i> <i>2. a party is leaving the project; or</i> <i>3. a new party is being added to the project.</i>
Appendix A	[Research Plan or Protocol to be attached.]
Appendix B	[Proof of Funding to be attached if required or state N/A.] Click or tap here to enter text.

Execution (Schedule 2)

Executed as an agreement - *Duplicate as needed below to ensure that all parties to this Agreement can sign. The signature block should contain the formal entity name and the ABN.*

SIGNED for and on behalf of: The University of Queensland ABN 63 942 912 684	
by its duly authorised officer: Click or tap here to enter authorised officer's name.	in the presence of: Click or tap here to enter witness name.
Authorised Officer Signature:	Witness signature:
Print Name:	Print Name:
Date: Click or tap to enter today's date.	

SIGNED for and on behalf of: METRO SOUTH HOSPITAL AND HEALTH SERVICES ABN 86 834 068 616	
by its duly authorised officer: Click or tap here to enter authorised officer's name.	in the presence of: Click or tap here to enter witness name.
Authorised Officer Signature:	Witness signature:
Print Name:	Print Name:
Date: Click or tap to enter today's date.	

Appendix A

Research Protocol or Plan to be inserted here

Appendix B

Proof of funding to be inserted here