Hospital Departmental Impact & Information Form

This form **MUST** be completed for Hospital-based Research. Researchers are to complete this form **IF** they checked "YES" to Question 1.6 in the TRAQ DSS FORM. Check out "*Tips Sheet for Completing TRAQ DSS FORM for Hospital-based Research*" to confirm whether your project is considered "Hospital Based".

Information from this form will provide hospital departments the information they need to determine if they can support the study and to ensure smooth and efficient implementation of your research project.

Please **attach** this form along with your research study proposal/protocol/summary and budget/budget justification (if applicable) to the TRAQ DSS FORM under "**Attachments**". Draft versions of the documents are acceptable. All of these documents are required before any Hospital Operational Director(s)/Research Director(s) can approve a TRAQ DSS FORM. Check out "*Tips Sheet for Completing Hospital Departmental Impact & Information Form*" for assistance with completing this form.

PRINCIPAL INVESTIGATOR (please identify):

CATEGORY OF STUDY (please check one): ☐ academic/investigator-initiated ☐ industry-sponsored

PRIMARY CONTACT PERSON FOR QUESTIONS ABOUT STUDY:

NAME: | TITLE:

EMAIL: | TELEPHONE:

TITLE OF STUDY/STUDY PROTOCOL # (if applicable):

Please ensure that you answer the following questions by including all relevant information for each hospital department identified on the TRAQ DSS FORM:

A. Briefly describe how your research project will impact the various hospital departments, if applicable.

If not applicable, please check <u>ALL</u> that apply:
☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)
☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital)

Hospital Departmental Impact & Information Form

B. Please specify the exact hospital resources (staff, equipment, supplies, space, medications, procedures/testing, etc.) needed <u>beyond usual care/standard of care</u>, if applicable.

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If not applicable, please check <u>ALL</u> that apply:

- ☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)
- ☐ NOT APPLICABLE (hospital resources needed are only usual care/standard of care)
- ☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital)

C. Please specify how the use of these hospital resources (staff, equipment, supplies, space, medications, procedures/testing, etc.) will be <u>reimbursed</u> to the individual hospital(s), if applicable.

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If not applicable, please check <u>ALL</u> that apply:

- ☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)
- ☐ NOT APPLICABLE (hospital resources needed are only usual care/standard of care)
- ☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital)

D. Please check off the type(s) of research activities that hospital staff employees will be responsible for carrying out in individual hospital department(s), if applicable:

☐ Study recruitment	☐ Specimen collection (e.g. Blood/Fluids/Tissue/Swabs)	☐ Specimen processing/lab analysis
☐ Study documentation	☐ Vitals collection (e.g. BP, HR, RR, WT, HT)	☐ Medication administration
☐ Distribution/collection of self-administered questionnaires	☐ Administering questionnaires	☐ Informed consent process
☐ Pharmacy medication preparation/storage/monitoring	☐ ECG/EEG/ECT/TMS/EMG	☐ Direct care/exam
☐ Data analysis	☐ Other (please indicate below)	

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If not applicable, please check <u>ALL</u> that apply:

- ☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)
- ☐ NOT APPLICABLE (only research staff will carry out activities within individual hospital departments)
- ☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital)

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KGH Research Institute
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E. Please check off the type(s) of research activities that research staff will be responsible for carrying out in individual hospital department(s), if applicable:

- ☐ Study recruitment
- ☐ Specimen collection (e.g. Blood/Fluids/Tissue/Swabs)
- ☐ Specimen processing/lab analysis
- ☐ Study documentation
- ☐ Vitals collection (e.g. BP, HR, RR, WT, HT)
- ☐ Medication administration
- ☐ Distribution/collection of self-administered questionnaires
- ☐ Administering questionnaires
- ☐ Informed consent process
- ☐ Pharmacy medication preparation/storage/monitoring
- ☐ ECG/EEG/ECT/TMS/EMG
- ☐ Direct care/exam
- ☐ Data analysis
- ☐ Other (please indicate below)

If not applicable, please check <u>ALL</u> that apply:
- ☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)
- ☐ NOT APPLICABLE (only hospital staff will carry out activities within individual hospital departments)
- ☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital

F. Please describe how the research activities will be coordinated within the existing workflow in individual hospital department(s), if applicable.

If not applicable, please check <u>ALL</u> that apply:
- ☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)
- ☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital)

Hospital Departmental Impact & Information Form

G. Please provide any additional information that may be relevant to assist the various hospital operational directors in making a decision about approval for your research project, if applicable.

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If not applicable, please check <u>ALL</u> that apply:

☐ NOT APPLICABLE (only research funds will be held in the hospital/hospital research institute, but the research project and/or the location of the research team is not within the hospital)

☐ NOT APPLICABLE (research will only be occurring in your designated research areas within hospital)

<u>REMINDER NOTES</u>:

✓ Some hospital departments may require additional information to be collected before approval can be granted. If additional information is required, the hospital operational director(s)/research director(s) will reach out to you once your TRAQ DSS FORM is submitted and received in their queue.

✓ It is important to consult (*reach out via email or telephone*) with hospital operational director(s)/research director(s) early in your proposal/protocol and budget development to ensure budgets are accurate when applying for grants or negotiating industry contracts and hospital resources are required.

✓ If there is urgency for your TRAQ DSS FORM to be reviewed and approved, please reach out to the respective hospital operational director(s)/research director(s) via email or telephone to let them know. TRAQ DSS FORMS <u>MUST</u> be submitted at <u>least 15 business days</u> before any internal/external deadlines to ensure all approvals are in place.

✓ Researchers <u>MUST</u> have all necessary certifications (i.e. human ethics, animal care, biohazards) and TRAQ DSS FORM approvals in place before commencing research projects. Once all necessary certifications are in place, please upload all approval letters to your TRAQ DSS FORM to ensure all hospital operational director(s)/research director(s) can obtain a copy.

✓ Researchers using hospital labs and/or pharmacy must complete the additional study request form and attach to their TRAQ DSS FORM prior to submission under "Attachments".