

# KHSC Clinical Engineering Services Study Request Form (version March2018)

Medical equipment (*hospital-owned, researcher-owned, and/or industry-owned*) used for research at the Kingston Health Sciences Centre (KHSC) (KGH site and/or HDH-site) are required to have an electrical inspection completed by KHSC's Clinical Engineering Services, to ensure CSA codes and standards are upheld at the Hospital as per KGH Administrative Policy #04-027 and HDH Safety Policy #2-03 (*General Electrical Precautions*).

1. Will any medical equipment (diagnostic and/or therapeutic) be used during the course of your research project within the Hospital?

Yes  No

**If YES, please complete the table below and answer Questions 2-6. Please specify all medical equipment regardless if it is hospital-owned, researcher-owned, and/or industry-owned (vendor). Please also indicate yes/no/unknown if KHSC's Clinical Engineering Services has inspected the equipment in the past:**

Description of Equipment	Manufacturer's Name	Model Number	Inspection Occurred
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
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			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

2. Who owns the medical equipment that is being used for research that is listed above in Question 1? Check **ALL** that apply:

KHSC (KGH site and/or HDH site)  Researcher  Industry (vendor)



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3. Please identify the clinical, non-clinical and research areas within the Hospital where medical equipment will be used. Check **ALL** that apply:

- Use of hospital medical equipment in clinical areas
- Use of hospital medical equipment in non-clinical areas
- Use of hospital medical equipment in designated research areas
- Use of research medical equipment in clinical areas
- Use of research medical equipment in non-clinical areas
- Use of research medical equipment in designated research areas

4. Please identify the location(s) where the medical equipment will be used:

Description of Equipment	Hospital Site	Hospital Wing	Room Number
	KGH <input type="checkbox"/> HDH <input type="checkbox"/>		
	KGH <input type="checkbox"/> HDH <input type="checkbox"/>		
	KGH <input type="checkbox"/> HDH <input type="checkbox"/>		
	KGH <input type="checkbox"/> HDH <input type="checkbox"/>		
	KGH <input type="checkbox"/> HDH <input type="checkbox"/>		
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	KGH <input type="checkbox"/> HDH <input type="checkbox"/>		

5. Will your research project require that additional device(s) be interfaced with any other medical equipment, computers, networks, database, etc., within the Hospital?

Yes  No

If yes, please describe:

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6. Will your research project require proof of calibration or certification of maintenance on the medical equipment for any academic and/or industry sponsor (i.e. equipment maintenance records)?

Yes  No

**Note 1:** *Clinical Engineering Services may be able to provide this service for researcher-owned and/or hospital-owned equipment on a fee-for-service basis. Researchers need to include this service in their budgets.*

**Note 2:** *If hospital-owned equipment will require additional calibration/certification, above and beyond standard calibration required for Hospital Accreditation, please discuss this request with Clinical Engineering Services in advance of initiation of your research project. Researchers need to include this service in their budgets.*

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**Please complete the KHSC Clinical Engineering Services Study Request Form and ATTACH this FORM to your TRAQ DSS FORM prior to submission, along with your research study proposal/protocol/summary and budget/budget justification (if applicable) under "Attachments". If you forgot to attach this FORM to your TRAQ DSS FORM prior to submission, please send separately to:**

**Clinical Engineering Services**

Kingston Health Sciences Centre-Kingston General Hospital Site

76 Stuart Street, Kingston, ON K7L 2V7

Email: [ClinicalEngineering.Repair@kingstonhsc.ca](mailto:ClinicalEngineering.Repair@kingstonhsc.ca)

Attention: Chris Scott, Manager, Clinical Engineering



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