



Research Review Committee

PROGRAM UTILIZATION

This form must be completed if access to a C&W Program is required. Please complete all questions and obtain the necessary signature(s). A form must be submitted for each Program that your study impacts upon.

1. Title of research proposal:
2. Indicate the Program(s) in which the study will be carried out:

CHILDREN'S HOSPITAL/SUNNY HILL HOSPITAL	WOMEN'S HOSPITAL
<input type="checkbox"/> Acute & Critical Care (ICU, ER, NS, CS, Resp) <input type="checkbox"/> Medical Specialties and General Pediatrics <input type="checkbox"/> Mental Health <input type="checkbox"/> Oncology/Hematology/BMT <input type="checkbox"/> Surgery & Surgical Suites <input type="checkbox"/> Child Development & Rehabilitation (SHH)	<input type="checkbox"/> Antepartum/Postpartum <input type="checkbox"/> Birthing Program <input type="checkbox"/> Diagnostic/Ambulatory Care <input type="checkbox"/> Family Practice <input type="checkbox"/> Medical Genetics <input type="checkbox"/> Newborn Care <input type="checkbox"/> Specialized Women's Health

3. Hospital venue: Clinic Day Care ER OR Inpatient bed SCN or ICU
(check those that apply)

4. Proposed project period (dd/mm/yyyy): From: _____ To: _____

5. How many subjects will be participating at the C&W site?

6. How many controls will be participating at the C&W site?

7. Will Hospital employees in this Program be required to obtain subject consents/assents? No
 Yes → Indicate total estimated time:

8. Will Hospital employees in this Program be required to complete data forms? No
 Yes → Indicate total estimated time:

9. Will Hospital employees in this Program be required to enter data into study database? No
 Yes → Indicate total estimated time:

10. List other tasks required of Hospital employees in this Program for this study:

It is the responsibility of the Programs to determine if these services will have sufficient impact as to require recovery from the research study budget to offset hospital operating costs. It is the responsibility of the Programs to provide investigators with the cost of those services.

11. It is the Investigator's responsibility to orient staff that will be involved in this study. If applicable, describe how Hospital employees in this Program will be oriented to this study.



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SIGNATURES:

CHILDREN'S HOSPITAL / SUNNYHILL HOSPITAL	
Signature:	_____
Print Name:	_____
Position:	_____
	(Medical Director or Program Director/SDO)
WOMEN'S HOSPITAL	
As per BCW policy, the signatures of the Program Director, Medical Director & President of BCW are required	
Signature:	_____
Print Name:	_____
Position	Program Director/Manager
Signature:	_____
Print Name:	_____
Position	Medical Director
Signature:	_____
Print Name:	_____
Position:	President, BC Women's Hospital