



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.

Principal Investigator:

REB #:

Name of Sponsor:

Study Start Date:

Study End Date:

Project Title:

1. Indicate the Program(s) in which the study will be carried out:

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

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

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

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

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

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

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

9. 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.

10. 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		
Signature:	_____	
Print Name:	_____	
Position:	_____	
	(Medical Director or Program Director/SDO)	
SUNNY HILL HEALTH CENTRE FOR CHILDREN		
Signature:	_____	
Print Name:	_____	
Position	Program Manager	Date: _____
Signature	_____	
Print Name:	_____	
Position	Discipline Lead	Date: _____
Signature:	_____	
Print Name:	_____	
Position	Senior Medical Director	Date: _____
Signature:	_____	
Print Name:	_____	
Position	Senior Director of Patient Care Services	Date: _____

WOMEN'S HOSPITAL

As per BCW policy, the signatures of the Program Director/Manager, 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	