

<u>Summary of Proposed Research for Heart Centre Operations Approval</u>

Short Title of Study: Name of Primary Contact for the Research: Email: Contact phone number: Indicate the area(s) of the Heart Centre in which the study will be carried out:	
Email: Contact phone number:	
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Indicate the area(s) of the Heart Centre in which the study will be carried out:	
☐ Cardiac Cath Labs/Cardiac Short Stay Unit/Cardiac Procedure/EP Room ☐ TAVI	
Heart Function Pre/Post Heart Transplant Atrial Fib Pacemaker/Device	
☐ CICU ☐ CSICU ☐ Cardiac Medicine (5A) ☐ Cardiac Surgery (5B) ☐ Healthy Heart / Cardiac Rehab	
BCIAP COB HAC	
Echocardiography (also complete Echo form) Cardiology Lab (also complete Card. Lab form)	
Retrospective study requiring data extracts from Cardiac databases	
Other (PLEASE SPECIFY):	
Summary of Research: please include background, purpose, and main objectives (may cut and paste Box 5.1.B of REB application).	

Mail To: St. Paul's Hospital
B444-1081 Burrard Street
Vancouver, B.C., Canada, V6Z 1Y6
Email: heartcentreprogram@vch.ca

Describe the process for screening (accessing patient charts), recruitment (when and data collection (including need for EMR access):	e/how subjects are approached), consent,
Describe what research staff will be doing within the Heart Centre; including how often and when they will be in the designated areas and if they require clinic/exa	
Expected start date: Expected end date:	
Expected number of study participants (at this site):	
Impact to Operations / Clinical Services	
Conduct of this study will have no change to the current standard of care or clin to; patient length of stay, diagnostic and blood tests, clinic and virtual / teleher	
<u>or</u>	
Conduct of this study will change/impact the current standard of care or clinical	l operations in the following ways:
Conduct of this study will have no change to existing organizational resources, Centre and PHC employees, hours of operation, access to Information Manag Systems (IMITS), use of PHC owned equipment, materials, storage of items o	ement and Information Technology

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Conduct of this study will change/impact	t existing organizational resou	rces in the following ways:
The research coordinator can be available required/requested by the Patient Care recommended for more complex proto	Manager or the Clinical Nurse	cation and support to clinical staff as Educator (consulting the clinical area leader is
Impact on Resources		
The Program will determine if the required ser Leader will provide investigators with the cos		n the study budget to offset costs. The Program
If the commitment is greater than initially an need for the study budget to provide resour		at to review our continued involvement and the
The Patient Care Manager will strive to proc summary.	cess the request or contact the	investigator within 2 weeks of receiving this
Kindly note that studies requiring data extra well as upload the REB and PHCRI approvals		ill be required to fill an online questionnaire, as by emailing <u>cardiacrcp@vch.ca</u>
AGREEMENT		
(date) pending	(study) may proceed in the clir receipt of the Certificate of Et	
Patient Care Manager Name	Signature	Date
Areas of Responsibility (Please list units)		
Please email or mail this form to:		
Heart Centre Program Assistant		

St. Paul's Hospital Rm B-444, 1081 Burrard St. Vancouver, BC V6Z 1Y6

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