

The KGH/HDH/PC Research Application Form

Welcome to the KGH/HDH/PC Research Application Form. Please complete this form *only* if you can not create a research application within the Data Summary and Signature Sheet (DSS) electronic research application process.

1. The funds for this project will be administered by? (Choose One)

- Queen's University, Office of Research Services
- Kingston General Hospital
- Hotel Dieu Hospital
- Providence Care
- There are no funds for the project to be administered

2. The title of the project as per the protocol submitted to the REB?

Please attach a copy of the protocol by email to Mary Pope (popem@kgh.kari.net) or by dropping off a copy to the Office of Health Sciences Research, Empire 2, Room 3-234.

3. The estimated project start and end dates will be?

Start Date: _____ / _____ / _____ (day/month/year)

End Date: _____ / _____ / _____ (day/month/year)

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4. Principal applicant/investigator information and contact person?

First Name: _____

Last Name: _____

Department Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Research Centre (if applicable): _____

Telephone: _____

ext _____

Fax: _____

Email: _____

*****If the primary contact person is NOT the Principal Applicant, please provide details*****

First Name: _____

Last Name: _____

Department Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Research Centre (if applicable): _____

Telephone: _____

ext _____

Fax: _____

Email: _____

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5. Are there any co-applicants/investigators?

- YES
 NO

If YES, please list names and department:

	<u>Name</u>	<u>Department</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

6. Type of research (*Choose all that apply*)?

- Basic Science
 Chart Review
 Clinical Research
 Clinical Trial
 Data Management
 Device Testing
 Drug Trial
 Other, please specify:

7. Funding (*choose YES for all that apply*)?

- External Grants NO YES, _____(source)
 Internal Grants NO YES, _____(source)
 Industry NO YES, _____(source)
 Other NO YES, _____(source)
 No Funding Sought No YES
 Overhead Liabile NO YES, _____(percentage)

Please attach a copy of the budget by email to Mary Pope (popem@kgh.kari.net) or by dropping off a copy to the Office of Health Sciences Research, Empire 2, Room 3-234.

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8. Will there be an external peer review?

YES

NO, if NO, provide names of Internal Peer Reviewers and/or indicate Department Head Approval

9. Has a separate submission been made to the *Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (REB)*?

YES

NO, please explain: _____

10. Site(s) of major research activity?

Primary Location: KGH HDH PC Other:

Secondary Location: KGH HDH PC Other:

No secondary location

11. Is additional hospital space required for this project?

YES

NO

12. Number of Individuals in Study (estimated) as submitted to REB?

Hospital	Inpatients	Outpatients
KGH		
HDH		
PC		

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13. Hospital utilization approval?

Hospital Department	Utilization Approval Required?	Costs Included In Budget?	Operational Director	Operational Director Approval?	Operational Director Signature
Decision Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	John Lott	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Julie Caffin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GI Function Testing Unit-HDH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theresa Markowski	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Imaging-KGH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Karen Pearson	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Imaging-HDH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Karen Pearson	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Information Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Troy Jones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Cardiac	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Julie Caffin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Critical Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mae Squires	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Richard Jewitt	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mae Squires	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Obs/Gyn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kellie Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Oncology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brenda Carter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inpatient - Pediatrics/NICU	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kellie Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laboratories	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	David More	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Records-KGH, HDH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deb Sapp	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Records-PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Madeline Halladay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient-Cardiac Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Julie Caffin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Centre for Applied Urological Research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alvaro Morales	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Children's Outpatient Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kellie Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Clinical Investigation Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Michael McGrath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Diagnostic Lab-HDH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theresa Markowski	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Diagnostic Lab-KGH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Richard Jewitt	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Gastrointestinal Diseases Research Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stephen Vanner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Medicine Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Richard Jewitt	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mae Squires	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Neurosciences Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Richard Jewitt	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Obs/Gyn Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kellie Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Oncology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brenda Carter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Respiratory Investigation Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Denis O'Donnell	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Surgery Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracy Kent-Hillis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient - Urology Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beverley Mahon	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient-Audiology & Speech Pathology, HDH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paula Varette-Cerre	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outpatient-Endoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Richard Jewitt	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Hospital Department	Utilization Approval Required?	Costs Included In Budget?	Operational Director	Operational Director Approval?	Operational Director Signature
Outpatient-Ophthalmology Medical/Surgical Clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracy Kent-Hillis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacy/P&T Committee Review-KGH, HDH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veronique Briggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacy-PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	George Ho	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Renal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Richard Jewitt	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Adult Treatment & Rehabilitation Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Karin Carmichael	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Clinical Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Linda Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Complex Continuing Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maurio Ruffolo	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Forensics Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rob McDonnell	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC- Geriatric Psychiatry Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rob McDonnell	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maurio Ruffolo	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Physical Medicine & Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maureen McGuire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Providence Manor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelagh Nowlan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Research Review Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	John Puxty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PC-Specialized Geriatric Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eleanor Plain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory, EEG & Sleep Lab	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adrienne Leach	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgery/Perioperative/ Anesthesiology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracy Kent-Hillis	<input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Applicant/investigator signature?

Signature

Date

Print Name

15. Department Head Approval? *(Please have your Department Head sign here)*

Department Head Signature

Date

Print Name



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16. KGH Vice President (Health Sciences Research) / HDH Director of Research Approval? *(Please bring this completed and signed application to the Office of Health Sciences Research for Dr. Deeley to sign)*

Dr. Roger Deeley

Date

17. Clarifications / Additional Information? *(Please provide any additional information regarding your submission which may be of assistance to the Office of Health Sciences Research staff).*
