

## *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?

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*Please attach a copy of the protocol by email to Mary Pope ([popem@kgh.kari.net](mailto: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	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES, _____	(source)
Internal Grants	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES, _____	(source)
Industry	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES, _____	(source)
Other	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES, _____	(source)
No Funding Sought	<input type="checkbox"/>	No	<input type="checkbox"/>	YES	
Overhead Liabile	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES, _____	(percentage)

*Please attach a copy of the budget by email to Mary Pope ([popem@kgh.kari.net](mailto: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

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

YES

NO, please explain: \_\_\_\_\_

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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		

## The KGH/HDH/PC Research Application Form

### 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	
Inpatient - Surgery	<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	
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	

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Hospital Department	Utilization Approval Required?	Costs Included In Budget?	Operational Director	Operational Director Approval?	Operational Director Signature
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	
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	Eleanor Plain	<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



## The KGH/HDH/PC Research Application Form

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).*

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