

# Heart Services Study Information Checklist

To complete this form electronically, click the "Tools" tab on the top right and then click "Fill and Sign". Save the completed form and return to [heartservicesforresearch@vch.ca](mailto:heartservicesforresearch@vch.ca)

Date of Request:

| Part 1:  |  |  |   |
|--|--|--|---|
| Study Title  |  | Short Name   | Protocol Number                                       |
| Principal Investigator   |  | Funding Type<br><input type="checkbox"/> Industry:<br><input type="checkbox"/> Grant | Study dates   |
|  |  | Estimated number of participants:  | Inpatients Yes:      No:<br>Outpatients Yes:      No: |
| Part 2: Contact Information  |  |  |   |
| Research Coordinator:  |  | Payer:   |   |
| Name:  |  | Name:  |   |
| Phone:   |  | Full address:  |   |
| Email:   |  | Phone:   |   |
|  |  | Email:   |   |
| Part 3: Services requested   |  |  |   |
| <input type="checkbox"/> ECG   |  | <input type="checkbox"/> ECHO  | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Coronary Angiogram  |  | <input type="checkbox"/>   | <input type="checkbox"/>                              |
| <input type="checkbox"/> For ECG, do you require: Please copy <a href="mailto:sean.freeze@vch.ca">sean.freeze@vch.ca</a> on reply  |  |  |   |
| <input type="checkbox"/> Triplicate completion   |  | <input type="checkbox"/>   | <input type="checkbox"/>                              |
| Yes:      No:  |  |  |   |
| <input type="checkbox"/> For ECHO, do you require: Please copy <a href="mailto:margot.williams@vch.ca">margot.williams@vch.ca</a> on reply and email when ready to schedule appointments |  |  |   |
| Specific Study Protocol:   |  | <input type="checkbox"/> If yes, describe or attach                                  | Report only   |
| Yes:      No:  |  |  | Yes:      No:   |
| Images to be de-identified   |  | Will techs need to qualify for this study?   | DVD of images (additional charges apply)              |
| Yes:      No:  |  | Yes:      No:  | Yes:      No:   |
| Please include the following on all requests   |  |  |   |
| <input type="checkbox"/> Schedule of procedures/study table  |  | Comments:  |   |
|  |  |  |   |
| Part 4: Office use only  |  |  |   |
| <input type="checkbox"/> VCHRI application received  |  | <input type="checkbox"/> Create LOA  |   |
| <input type="checkbox"/> VCHRI application signed  |  | <input type="checkbox"/> Signature on LOA  |   |
| <input type="checkbox"/> Electronic folder in Binder #   |  | <input type="checkbox"/> Create requisition  |   |
| <input type="checkbox"/> Documents and emails uploaded   |  | <input type="checkbox"/> Supervisor approved   | <input type="checkbox"/> ECHO MD approved             |
| <input type="checkbox"/> Create IRF  |  | <input type="checkbox"/> Send documents to research coordinator                      |   |
|  |  | <input type="checkbox"/> LOA and IRF Revenue Services                                |   |
| <input type="checkbox"/> Complete Date:  |  | Comments:  |   |
|  |  |  |   |