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| **Community of Care *Signature Sheet*** | VCH - VANCOUVER ACUTE |
| *SIGNATURES OF APPROVAL IS REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.* |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **VCH DEPARTMENT** | **COST ANALYSIS REQUIRED** | **HOSPITAL AND VCH SIGNATORY NAME** | **SIGNATURE** |
| **PHARMACY** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **RADIOLOGY** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **Other Medical Imaging**  | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **CLINICAL CHEMISTRY** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **MICROBIOLOGY** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **OPERATING ROOM** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **ANESTHESIA** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **ANATOMICAL PATHOLOGY** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **HEMATOPATHOLOGY** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **DATA & ANALYTICS** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **HEALTH RECORDS (HARD COPY)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **VCH DATABASE:****(SPECIFY)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **OTHER DATABASE: (SPECIFY)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **CLINICAL UNIT: (SPECIFY 1-3)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **1) CLINICAL UNIT** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **2) CLINICAL UNIT** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **Biomedical Engineer** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **OTHER RESOURCES: (SPECIFY)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **OTHER RESOURCES: (SPECIFY)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **OTHER RESOURCES: (SPECIFY)** | IS COST ANALYSIS REQUIRED | [ ]  VGH: ENTER VCH SIGNATORY NAME[ ]  UBCH: ENTER VCH SIGNATORY NAME |  |
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| **Community of Care *Signature Sheet*** | VCH – GF STRONG REHABILITATION CENTRE |
| *SIGNATURE OF APPROVAL IS REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.*For information on GF STRONG signatories, please contact Elaine Pozney at elaine.pozney@vch.ca or (604) 737-6208. |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **VCH DEPARTMENT** | **COST ANALYSIS REQUIRED** | **VCH SIGNATORY NAME** | **SIGNATURE** |
| **ADULT LEARNING** | IS COST ANALYSIS REQUIRED |  |  |
| **ASSISTIVE TECHNOLOGY** | IS COST ANALYSIS REQUIRED |  |  |
| **DATA & ANALYTICS** | IS COST ANALYSIS REQUIRED |  |  |
| **DRIVER REHAB** | IS COST ANALYSIS REQUIRED |  |  |
| **EQUIPMENT EVALUATION** | IS COST ANALYSIS REQUIRED |  |  |
| **FACILITY OPERATIONS** | IS COST ANALYSIS REQUIRED |  |  |
| **HEALTH RECORDS (HARD COPY)** | IS COST ANALYSIS REQUIRED |  |  |
| **MEDICINE (EMG, RADIOLOGY, BACLOFEN CLINIC, LIBRARY)** | IS COST ANALYSIS REQUIRED |  |  |
| **NURSING** | IS COST ANALYSIS REQUIRED |  |  |
| **NUTRITION & FOOD SERVICES** | IS COST ANALYSIS REQUIRED |  |  |
| **OCCUPATIONAL THERAPY** | IS COST ANALYSIS REQUIRED |  |  |
| **PHYSIOTHERAPY** | IS COST ANALYSIS REQUIRED |  |  |
| **PHARMACY** | IS COST ANALYSIS REQUIRED |  |  |
| **PSYCHOLOGY** | IS COST ANALYSIS REQUIRED |  |  |
| **RECREATION THERAPY** | IS COST ANALYSIS REQUIRED |  |  |
| **SEXUAL HEALTH** | IS COST ANALYSIS REQUIRED |  |  |
| **SOCIAL WORK** | IS COST ANALYSIS REQUIRED |  |  |
| **SPEECH-LANGUAGE PATHOLOGY** | IS COST ANALYSIS REQUIRED |  |  |
| **VOCATIONAL REHAB SERVICE** | IS COST ANALYSIS REQUIRED |  |  |
| **OTHER RESOURCES: (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |
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| **Community of Care *Signature Sheet*** | VCH – VANCOUVER COMMUNITY |
| *SIGNATURE OF APPROVAL IS REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.*For Vancouver Community approvals, contact Krisztina Vasarhelyi at krisztina.vasarhelyi@vch.ca and for projects involving Long-Term Care (LTC), please contact Monica Lee at monica.lee1@vch.ca.  |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **VANCOUVER COMMUNITY SITE** | **COST ANALYSIS REQUIRED** | **SITE MANAGER** | **SITE DIRECTOR** | **SIGNATURE** |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |  |
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| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |  |
| **VCH DATABASE:****(SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **OTHER DATABASE: (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **CLINICAL UNIT: (SPECIFY 1-3)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **OTHER RESOURCE: (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |  |
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| **Community of Care *Signature Sheet*** | VCH – COASTAL (includes Bella Coola General Hospital, Lions Gate Hospital, Pemberton Health Centre, qathet General Hospital, Heiltsuk Hospital, Sechelt Hospital, Squamish General Hospital, and Whistler Health Care Centre) |
| *SIGNATURE OF APPROVAL IS REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.*Please specify the hospital name that will be utilized. If multiple coastal hospital will be used, please use the ‘Other resources: Specify’. For example: ‘Other resources: Pharmacy’ – ‘Hospital: Sechelt hospital’ |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **VCH DEPARTMENT** | **HOSPITAL** | **COST ANALYSIS REQUIRED** | **VCH SIGNATORY NAME** | **SIGNATURE** |
| **PHARMACY** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **RADIOLOGY** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **CLINICAL CHEMISTRY** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **MICROBIOLOGY** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **OPERATING ROOM** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **ANESTHESIA** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **ANATOMICAL PATHOLOGY** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **HEMATOPATHOLOGY** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **DATA & ANALYTICS** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **HEALTH RECORDS (HARD COPY)** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **VCH DATABASE:****(SPECIFY)** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **OTHER DATABASE: (SPECIFY)** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **CLINICAL UNIT: (SPECIFY 1-3)** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **1) CLINICAL UNIT** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **2) CLINICAL UNIT** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **3) CLINICAL UNIT** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **OTHER RESOURCES: (SPECIFY)** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
| **OTHER RESOURCES: (SPECIFY)** | NAME OF HOSPITAL SITE | IS COST ANALYSIS REQUIRED |  |  |
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| **Community of Care *Signature Sheet*** | VCH – COASTAL COMMUNITY |
| *SIGNATURE OF APPROVAL IS REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.* |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **COASTAL COMMUNITY SITE OR PROGRAM** | **COST ANALYSIS REQUIRED** | **NAME OF VCH SIGNATORY** | **SIGNATURE** |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
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| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
| **VCH DATABASE:****(SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |
| **OTHER DATABASE: (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |
| **CLINICAL UNIT: (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |
| **OTHER RESOURCE: (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |
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| **Community of Care *Signature Sheet*** | VCH - RICHMOND |
| *SIGNATURE OF APPROVAL IS REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.*Please complete the VCHRI Research Impact Analysis Form for each Richmond department/clinic a research project will impact. This is a VCH-Richmond specific requirement. |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **VCH DEPARTMENT** | **COST ANALYSIS REQUIRED** | **DEPARTMENT HEAD** | **PROGRAM MANAGER** | **SIGNATURE** |
| **ACUTE CARE (SPECIFY DEPARTMENT)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **COMMUNITY CARE (SPECIFY DEPARTMENT)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **PRIMARY CARE (SPECIFY DEPARTMENT)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **HEALTH RECORDS (HARD COPY)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **DATA & ANALYTICS** | IS COST ANALYSIS REQUIRED |  |  |  |
| **VCH DATABASE (E.G. PARIS, ORMIS)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **OTHER DATABASE (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |  |
| **OTHER RESOURCES (SPECIFY)** | IS COST ANALYSIS REQUIRED |  |  |  |
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| **Community of Care *Signature Sheet*** | VCH – CORPORATE/REGIONAL |
| *SIGNATURE OF APPROVAL ARE REQUIRED FROM THE RELEVANT MEDICAL/PROGRAM DIRECTOR OR MANAGER.* |
| **Research Project Information** |
| **RESEARCH STUDY TITLE** |  |
| **REB #** |  | **DATE** |  |
| **PRINCIPAL INVESTIGATOR** |  |  |  |
| **PRIMARY CONTACT**  |  |  |  |
| **CORPORATE SITE OR DEPARTMENT** | **COST ANALYSIS REQUIRED** | **NAME OF VCH SIGNATORY** | **SIGNATURE** |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
| NAME OF SITE | IS COST ANALYSIS REQUIRED |  |  |
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