

REQUEST TO POST STUDY INFORMATION ON THE VCHRI WEBSITE

The Office of Clinical Trials Administration has developed a section on the VCHRI website devoted to providing information to the general public about active clinical trials/research studies. If you would like your study to be posted on the VCHRI website, please complete this form and fax it to: (604) 875-4943 or email it to: Stephania Manusha at stephania.manusha@vch.ca

Only studies with VCHRI approval will be posted on the website.

REB#:

Category (Check those that apply):

- | | |
|--|---|
| <input type="checkbox"/> Addictive Behaviour | <input type="checkbox"/> Liver Problems |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Asthma/Allergies | <input type="checkbox"/> Movement Disorders |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Neurological/Nerve Disorders |
| <input type="checkbox"/> Bone/Muscle/Joint Disorders | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Stomach/GI Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diet & Obesity | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Healthy Volunteers | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Hearing/Ear Disorders | <input type="checkbox"/> Vaccine/Immunization |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Infectious/Immune Disorders | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Kidney Diseases | |

SECTION A:

Study Title:	
Who is eligible (3 bullet points , limit of 100 words, lay language):	<ul style="list-style-type: none"> • • •
Where will the study take place (List all VCH sites):	
Study Start Date:	
Study End Date:	
VCHRI# :	

SECTION B (Additional Information):

Additional Information: Inclusion Criteria (Optional)	
Additional Information: Exclusion Criteria (Optional)	
Additional Information: Study Participation (Optional)	1. Time commitment required (e.g., # visits,) : 2. Tests involved (e.g., questionnaires, blood tests etc.):
Principal Investigator:	
Who can study subjects contact for more information:	Name: Telephone: Email:
Has this study been registered with clinical trials.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No	If it has been registered, VCHRI will include a link to this posting. Please include the link here:

******If this study is an industry initiated study, please complete the CLINICAL TRIAL RECRUITMENT SPONSOR APPROVAL Form. This form must be received by VCHRI prior to posting the study information on its website.**

For VCHRI Purposes:	
<input type="checkbox"/> Review and Approved by Regional Manager, Clinical Trials Administration	
_____ Signature	_____ Date

ONCE THE STUDY IS COMPLETED, PLEASE LET VCHRI KNOW!