

# Application for Approval, Non-Critical Devices in Research (Only contacts intact skin)

Please complete all sections. Once complete, please send to:

Reprocessing Practice Improvement Program (RPIP), BP 380, 855 12<sup>th</sup> Avenue West, Vancouver, V5Z 1M9 or email to: reprocessing@vch.ca

All non-critical devices used in research studies on VCH property, resources, facilities, patients or staff, including, electronic monitoring devices (e.g., iPads), goggles, headsets etc. must receive VCH Reprocessing Research and Variance Committee approval, in addition to the VCH Research Institute approval.

Patient safety is the principal concern in the review of all applications

Device: \_\_\_\_\_

Submitted by:\_\_\_\_\_Date: \_\_\_\_\_

### **PRODUCT INFORMATION:**

Device Name:		
Is this a prototype device?		
Who manufactured the prototype?		
Company:	Phone:	Email:
Researcher:	Phone:	Email:

### Background:

Summarize use of the device in this research. Will it be used for multiple patients? Does it have contact with non-intact skin? (If so this is the wrong application form, please use application form; Non-market Devices in Research).



## Provide a reprocessing plan:

Include itemized instructions for cleaning, dis reprocessing the device between patient use	•	
sessment: equestor to seek comment from resource / consultants concerning proposed device, comment ould be attached or completed below, and signed off by the resource person		
Operations (End User): Name:	Phone:	
Consider the instructions for cleaning and sa whether the process will impact workflow or addressed.	•	
Signed:	Date:	
Biomedical Engineering: Name:	Phone:	
-	nctionality of the device? If reprocessing will impact als, please provide direction on monitoring and	

Signed:\_\_\_\_\_Date:\_\_\_\_\_



Infection Control:	Name:	Phone:
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Is there any Infection Control or specific directions concerning the device being used for this research project?

Signed:\_\_\_\_\_Date:\_\_\_\_\_

#### Request to committee:

Please consider approval of this application to use, clean and disinfect this device as indicated in VCH facilities for the duration of this research project.

Signed:	Date:

Department: \_\_\_\_\_

Title: