Heart Services Study Information Checklist

To complete this form electronically, use a PDF reader that supports fillable forms. **Date of Request:**
Please return the completed form to heartservicesforresearch@vch.ca **(mm/dd/yyyy)**

Part 1: Study Information

Study Title:	Short Name: REB #:	Protocol Number:
Principal Investigator:	Funding Type: ☐ Industry: ☐ Grant:	Study Dates:
	Estimated Number of Participants:	Inpatients: ☐ Yes ☐ No Outpatients: ☐ Yes ☐ No

Part 2: Contact Information

Research Coordinator	**Payor** (Full legal name of organization/company responsible for payment)	
Name:	Customer Name:	
Address:	Billing Address:	
Phone:	Billing Contact Person:	
Email:	Phone:	Email:

Part 3: Services Requested

	☐ ECG	☐ ECHO	☐ CT
	☐ Coronary Angiogram	☐ Other:	☐ Other:

For ECG, do you require: Please copy Sean.Freeze@vch.ca on reply

	☐ Triplicate completion	☐ Yes ☐ No

For Echo, do you require: Please copy Margot.Williams@vch.ca on reply and email when ready to schedule appointments

Specific Study Protocol: ☐ Yes ☐ No	☐ If yes, describe or attach		DVD of images (additional charges apply) ☐ Yes ☐ No
Images to be de-identified: ☐ Yes ☐ No	Report Only: ☐ Yes ☐ No	Will techs need to qualify for this study? ☐ Yes ☐ No	

Please include the following on all requests

☐ Schedule of procedures/study table	Comments:

Part 4: Office Use Only

☐ VCHRI application received	☐ Signature on LOA
☐ VCHRI application signed	☐ Create requisition
☐ Electronic folder in Binder Number:	☐ Supervisor approved
☐ Documents and emails uploaded	☐ Echo MD approved
☐ Create IRF	☐ Send documents to research coordinator
☐ Create LOA	☐ LOA and IRF Revenue Services
☐ Complete Date:	Comments: