WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

OFFICE OF RESEARCH INTAKE FORM

Applicant Name		
Contact Information	Phone	
	Email	
	Mailing Address	
Proposed Protocol Title/Name		
WRH Physician Affiliate's Name (If Applicant is not WRH Professional staff, required to have a clinical staff investigator affiliated with project if research involves patients)		

IMPORTANT INFORMATION FOR RESEARCHERS:

The Research Intake Form is the first point of contact for researchers wishing to conduct research at Windsor Regional Hospital. The purpose is to ensure the institution is aware and supportive of all research being conducted within our population of patients.

We will provide direction on how to move forward to the next steps required to conduct research at the WRH, and items to consider such as budgets.

It is important that all researchers understand however that there are other committees and considerations which may not permit the research project to move forward in the future, even if the Research Assessment process provides no objection. Examples are the Research Ethics Board review, and clinical committee review.

Actions Required For Submission:

- Please **submit this completed application** to the Office of Research either online through WRH Intranet, or by email: Research.Office@wrh.on.ca
- Please submit a **BUDGET** if available; if not available or assistance with budgeting needed, please indicate in your submission.
- Please submit the **WRH REB Ethics Submission Form for Research Involving Humans** and any supporting documents required for REB Review (research project **PROTOCOL** or project outline, any **Informed Consent** documents etc.)
- ALL applications must have the **WRH REB Departmental Impact forms** https://www.wrh.on.ca/uploads/REB/Departmental_Impact_Form.doc completed and attached for all impacted departments – i.e. Laboratory, Diagnostic Imaging, Program Area (e.g. Renal, Mental Health)

Upon receipt of the above, the Research Assessment review will take place, and feedback will be provided in the form of: direction to move forward, a request for clarification, or reasons why the project cannot be conducted at WRH as submitted.

1. Please indicate the type of Research you are applying for:

☐ WRH Patient Population **Interventional** (Prospective) Clinical Trial
- ☐ Outpatient only
- ☐ Inpatient only
- ☐ Both

☐ WRH Patient Population **Non-Interventional** (Prospective) Clinical Trial
- ☐ Outpatient only
- ☐ Inpatient only
- ☐ Both

☐ WRH Patient Population Retrospective Chart Review
*No Resources needed for retrospective reviews; Skip to Question #3

☐ WRH Research with NO Patient participation

2. Please indicate the type of Resources you will require from WRH:

☐ **Regulatory Support Only** (e.g. Ethics Submissions, Management of Investigator Site File, Health Canada Application assistance etc.)
Please attach Budget if available

☐ **Enrollment/Patient Access Procedures Only** (e.g. Non-interventional, Identifying/Consenting participants and minimal data collection only)
Please attach Budget if available

☐ **Laboratory Processing/Shipping Only** (outside of Standard of Care)
Please attach Budget if available

☐ **Full Study Support** (e.g. Enrollment, Data Collection, Participant assessments and Case Report Form Entry)
Please attach Budget if available

☐ **No Study Support Needed** (e.g. Student work only)

3. What is the approximate number of participants to be included in the research project? _____

4. What is the approximate start date of the research? ____/ ____/ ____

5. Approximately how long is the recruitment/data collection period? _____

6. Please provide a concise description of the Research Project Proposal, including a description of all of the service areas listed above and how the research will impact WRH Departments. Please also include any rationale for benefit to WRH participants, especially if the project is under-funded.

Description:

Feasibility Factors for your Consideration:

1. Population
Do you have access to the right patient population?
Is the proposed enrollment goal and timeframe realistic?
Are inclusion/exclusion criteria overly restrictive? (Consider the likely screen failure ratio and the number of screen failures)
Do you expect a significant number of adverse events? (How ill is this population?)
2. Protocol
Is the protocol well designed? Is the protocol ethical? Will the REB have problems with it?
Is the study question important?
Will patients benefit from participating in the study?
4. Staff
Does the PI have adequate time to devote to the protocol?
Are additional specialists needed? (Pathologist, radiologist etc.)
5. Budgets
If the study is canceled prior to enrollment, will you be able to pay for pre-study activities, e.g., REB submission?
Any other protocol required equipment or procedure etc.

WRH USE ONLY:

Date Received			
Date Reviewed by OoR			
Follow-up information requested?	☐ Y ☐ N	If Yes who is responsible for request and Date completed	
Research Request Outcome	Approved to Move to Next level of Review; specify		
	Conditional – comments attached		
	Declined – comments attached		