Health Sciences North Research Institute
Institut de recherches d'Horizon Santé-Nord

REQUEST FOR PROGRAM APPROVAL – CLINICAL RESEARCH SUPPORT			
Project Title:			
Principal Investigator (PI):			
Main Project Contact: *If not the same as the PI*			
Contact Phone #:		**Contact Email:**	

Please refer to Appendix A for instructions and request requirements		
REQUEST DETAILS		
Participant Inclusion/Exclusion Criteria		
Number of local participants you expect to recruit		
Requested Research Staff activities: **Please provide a detailed list:** (e.g. study coordination, screening, recruitment, consenting, data collection, blood draws, etc.)		
Budgeted amount for Research Staff activities		
Number of hours per week needed for Research Staff activities (e.g. 14 hours per week)		
Length of time required for Research Staff support (e.g. 12 months)		
How will you reimburse the department for the above listed activities?	Invoicing ☐	Payroll ☐

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Cost Feasibility Review - to be completed by the Supervisor of the Clinical Research Department	
Number of Hours Required	
Hourly Rate	
Total Budget Required	

APPROVAL	
PROGRAM DECLARATION *Please note that the expected turn-around time for review and approval is two (2) weeks.*	
As evidenced by my signature below, my program is aware of the research project being proposed and acknowledges that this program is supportive of the research and able to accommodate and support the project as set out herein.	
Supervisor Signature:	
Date of Approval:	
Please print name:	

RESEARCHER ACKNOWLEDGEMENT	
DECLARATION	
As evidenced by my signature below, I am aware of, and have the research funds to cover, the fees associated with the Research Staff activities required for my study, as outlined above.	
Principal Investigator Signature:	
Date:	
Please print name:	
Please retain a copy of this document for your records and include a copy with your HSN REB Application	

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APPENDIX A

Why are Requests for Program Approval necessary?

To track the impact research projects have on hospital operations and to ensure the necessary supports are in place to conduct a research project, every program affected by the project must approve to provide support. ***Impact is defined as any procedure or research protocol which uses hospital resources above those normally required for practice and care.***

When are Requests for Program Approval made?

Prior to commencing work on a research project, researchers are required to interact with appropriate site/department/unit/program leadership regarding the study requirements. An RPA is intended to facilitate communication about the feasibility of new research projects and cost recovery between the study team and affected hospital programs.

Instructions to Complete the Request for Program Approval

1. Populate the attached Request for Program Approval with your project information
2. Attach the following to complete the Request:
    - a copy of the protocol for the research project
3. Submit the full package to the Supervisor of the Clinical Research Department – lroy@hsnri.ca
4. Please sign the indicated area once the Supervisor has confirmed that a Research Staff is available to support your project activities, provided an estimate of the associated costs, and indicated their approval by signing the form.
5. Once signed, please forward a copy of the RPA to reb@hsnsudbury.ca and keep a copy for your records.

Assistance

If you have any questions regarding the Request for Program Approval form, please contact the Research Services Office at 705-523-7300 ext. 2409 or by email at reb@hsnsudbury.ca

Note: Requesting Revisions to Approved Request

You are responsible for reporting any changes to your study that directly impacts the completed Request for Program Approval (RPA). This includes any changes to the research staff roles and duties. Please contact the Clinical Research Supervisor to coordinate a meeting to determine if a new or revised RPA is required as a result of the change.