REQUEST FOR PROGRAM APPROVAL - GENERAL

Project Title:	Click here to enter text.
Principal Investigator (PI):	Click here to enter text.
Main Project Contact: *If not the same as the PI*	Click here to enter text.

Contact Phone #:	Click here to enter text.	**Contact Email:**	Click here to enter text.

Please refer to Appendix A for instructions and request requirements

REQUEST DETAILS

Which hospital program/department is impacted?	Click here to enter text.
Please explain what resources will be impacted. (E.g. staff time, space, equipment, etc.)	Click here to enter text.
Please explain how the research activities will directly impact the program.	Click here to enter text.
How many participants will be enrolled locally?	Click here to enter text.
Does your study consist of inpatients or outpatients?	Click here to enter text.
Please detail the plan to compensate the program (e.g. study supplies provided, staff time compensated, etc.).	Click here to enter text.
Anticipated start date	Click here to enter a date.
Anticipated completion date	Click here to enter a date.

Note: Multiple Impacted Departments

If your project impacts more than one department, please complete one RPA for each department. Additionally, if your project involves Decision Support/Health Records, Pharmacy, or Clinical Research Support, please ensure the program-specific form is used.

Manager - Please read carefully.
When approached for Program Approval, ensure you are provided with sufficient information to evaluate the project's impact on your program.

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.

Manager/Director Signature:	
Date of Approval:	Click here to enter text.
Please Print Name:	Click here to enter text.

APPENDIX A

Why are Requests for Program Approval (RPA) 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.***

Some examples of hospital resources that may be required for a research project include (but are not limited to):
- staff time/training to complete specialized assessments;
- work space/workstation access;
- orientation to unit;
- additional assessments/tests over and above the standard of care;
- staff time to attend interviews or focus groups;
- general administrative time expenses (i.e. long distance phone calls, photocopies, postage, etc.)

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 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
   - a copy of the lab manual (if applicable)
3. Submit the documents to the person responsible for the program in order to obtain their approval (i.e. Manager, Lead Administrative Director, or Executive Director).
4. 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