SAULT AREA HOSPITAL / HÔPITAL DE SAULT-SAINTE-MARIE | iCare

EXCEPTIONAL PEOPLE WORKING TOGETHER TO PROVIDE OUTSTANDING CARE IN ALGOMA.

REQUEST FOR DEPARTMENTAL APPROVAL (RDA) – GENERAL
(to be filled by the researcher)

Project Title:	
Principal Investigator (PI):	
Research Assistant(s):	
Main Project Contact:	
Contact Phone #	**Contact E-mail:**

REQUEST DETAILS

Is this a mandatory academic requirement for a school? *Example: NOSM student, Master's degree, etc.*	Yes ☐ No ☐ If yes, please indicate the student name:
Is this a project being funded through a grant or award?	Yes ☐ No ☐ If yes, please indicate funding source:
Which hospital department/program will be impacted?	Click or tap here to enter text.
Will hospital resources be impacted?	Yes ☐ | No ☐
Which hospital resources are needed for this research project? *Example: staff time, space, equipment, etc.*	N/A ☐ Click or tap here to enter text.
How many participants will be enrolled?	Total: | From SAH: | ☐ N/A
Does the study consist of inpatients, outpatients, or both?	
Will the department/program be compensated? If yes, please list. *Example: study supplies to be provided, staff time to be compensated, etc.*	
Anticipated Study Start Date: Click or tap to enter a date.	Anticipated Study Completion Date: Click or tap to enter a date.

Principal Investigators are responsible for all fees.
Note: There is no fee for NOSM student projects completed as part of mandatory academic requirements as long as the request is within reason. All requests are handled on a case by case basis.

It is the responsibility of the researcher to contact the necessary department(s)/program(s). Once Joint GHC/SAH REB Approval has been received, the researcher will need to follow up with the department(s)/program(s) manager(s) to proceed with the project. Researchers must provide a copy of their Joint GHC/SAH REB Approval Letter to the department(s)/program(s) manager(s) prior to having access to charts or patient information for research purposes.

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

APPROVAL
Department/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 department/program is aware of the research project being proposed and acknowledges that this department/program is supportive of the research and able to accommodate and support the project as set out herein.	
Manager's Name/Department:	
Manager's Signature:	
Date of Approval:	

ATTN: MANAGER—Once signed, retain a copy of this document for your departmental records and scan an electronic copy to researchreview@sah.on.ca; Research Review will e-mail a copy to the Principal Investigator.

Why is a Request for Department Approval (RDA) 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 department/program affected by the project must approve their part in your project. Impact is defined as any procedure or research protocol that uses hospital resources above those normally required for practice and care.

When is the RDA signed?

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

Instructions to Complete the RDA:

1. Populate the RDA form with your research project information.
2. Contact the relevant department/program manager to discuss the details and needs of your research project and to request their signature on this form.
   a. If you need help to determine which department/program manager you should contact, please e-mail researchreview@sah.on.ca
3. Once reviewed and approved by the relevant manager, the signed RDA will be e-mailed to you. Please keep a copy for your records.

NOTE: If your research project will impact more than one department/unit, you will need to complete separate RDA-General Forms and obtain the appropriate manager's signature for each one.

PRIVACY DETAILS

You will be required to complete SAH's Data Sharing Agreement (DSA) prior to seeking Joint GHC/SAH REB approval. The DSA must accompany your REB application.

Once you receive Joint GHC/SAH REB Approval and you need to access electronic health records for your research project, you may require a separate research account to access said records. It is the responsibility of the researcher to contact the SAH Privacy Office at 705-759-3434 ext. 6866 or febbrarol@sah.on.ca to confirm whether new login credentials are required for research purposes. Researchers must provide the Privacy Office with a copy of their Joint GHC/SAH REB Approval Letter prior to being granted access to charts or patient information for research purposes.

If you have any questions regarding the Request for Departmental Approval—General, please contact researchreview@sah.on.ca