

REQUEST FOR DEPARTMENT 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 Northern Ontario School of Medicine student?	Yes	No	If yes, please indicate the student name:
Is this a project being funded through a NOSM grant or student award?	Yes	No	If yes, please indicate funding source:
Which hospital program/department will be impacted?			
Will hospital resources be impacted?	Yes	No	
Which hospital resources are needed for this research project? <i>Example: Staff time, space, equipment, etc.</i>	N/A		
How many participants will be enrolled?	Total:	From SAH:	N/A
Does the study consist of inpatients, outpatients, or both?			
Will the department be compensated? If yes, please list. <i>Example: study supplies to be provided, staff time to be compensated, etc.</i>			
Anticipated Study Start Date:	Anticipated Study Completion Date:		
<p>Principal Investigators are responsible for all fees.</p> <p>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.</p> <p>Email a completed copy to: researchreview@sah.on.ca</p>			

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

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

Department 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.

Department/Program:	
Manager’s Name:	
Manager’s Signature:	
Date of Approval:	

Once signed, retain a copy of this document for your department records, scan an electronic copy to researchreview@sah.on.ca, and return original 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 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 Do I Submit a RDA?

Prior to commencing work on a research project, researchers are required to interact with appropriate site/unit/ department/program leadership regarding the study requirements. A 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 Request for Department Approval with your project information.
2. Submit the documents electronically to researchreview@sah.on.ca
3. You will be invited to have a meeting with that areas leadership to discuss the details and needs of your project.
4. Once reviewed and approved, the signed RDA will be emailed to you. Please keep a copy for your records.