**DEPARTMENT AGREEMENT FOR PROVIDING RESEARCH RELATED SERVICES (DAR) FORM**

**Instructions for Researchers**

Studies that require the provision of services, access to personal information, or site resources from Fraser Health should use this form to obtain the applicable department/unit’s permission. It is the Principal Investigator’s responsibility to identify the services required for the study and to obtain the signatures from the designated signing authorities. The Principal Investigator must retain a copy of the signed form.

The study budget for any funded study must include provision for the costs of any research-related services. Each department/unit sets their own cost structure for providing research-related services. Turn-around time for requests will depend on the availability of department/unit staff. Funding does not guarantee that staff support can be secured in a timely manner. Please provide appropriate lead time for review.

Research-related services are provided at the discretion of the respective departments. A department may decline to provide a service if the request is not feasible or possible without disrupting the standard operations of that department/unit. Researchers should discuss the feasibility of the request as early as possible in the process.

Once the Letter of Authorization to Conduct Research (LOA) is released, the Researcher is responsible for providing a copy of the LOA to the Department in order for the service request to be fulfilled.

**Instructions for Designated Department Signing Authorities**

Following the determination of feasibility and cost-negotiation for the service, the designated signing authority for each department/unit should sign in the appropriate box in section 9. Departments/units should retain a copy of the form for their own records. Any invoices for services provided to the PI must be issued by Fraser Health Treasury as per Fraser Health policy.

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| **FHREB # (if known):** Click here to enter text. |
| 1.Title of Research Study:  Click here to enter text. |
| 2. Principal Investigator: Fraser Health Employee/Physician Affiliated Researcher   |  |  | | --- | --- | | Name: Click here to enter text. | **For paid services, provide invoicing address:** | | Position: Click here to enter text. | Click here to enter text. | | Dept./Program: Click here to enter text. | | Email: Click here to enter text. | | Phone: Click here to enter text. | |
| 3. Funding Type:  Industry  Grant-in-aid  Unfunded Grant awarded to Fraser Health  Grant awarded to other institution |
| 4. Brief Summary Of The Proposed Research:  Click here to enter text. |
| 5. Expected number of participants/records:  Click here to enter text. |
| 6. Main Category Of Research Project:     |  |  | | --- | --- | | Retrospective chart review  Collection of prospective secondary data  Survey/interview/focus group  Database linkage  Other – please describe: Click here to enter text. | Clinical device trial  Clinical drug trial  Clinical trial – other  Tissue analysis | |
| 7. Fraser Health Sites Where Research will be conducted (for records or data requests, please indicate the locations from where the records/data is being requested):  Fraser Health Wide  ARHCC  BH  CGH  DH  ERH  FCH  JPOCSC  LMH  MMH  PAH  RCH  RMH  SMH  Physician’s Private Office  Community site(s), please specify: Click here to enter text.  Other: Click here to enter text. |
| 8. Estimated Project Start Date: Click here to enter text.  Estimated Project Completion Date: Click here to enter text. |

9. **Department/Area Authorization**

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| **Biomedical Engineering**  Biomedical Engineering assessment is required for research utilizing an electronic medical device that does not meet Device Exclusion List criteria (see Assessment document located under ***Device Use*** [here](https://www.fraserhealth.ca/employees/research-and-evaluation/find-research-and-evaluation-resources/research-forms-guidance-notes-templates#.Y8G3PxeIaUl)). Please also note the Device Use Expectations for Researchers in Clinical Environments and Non-Clinical Environments documents on the above-linked page. | |
| **Describe the request for service:**  Click here to enter text. | |
| **Lower Mainland Biomedical Engineering**  [BMEclerical@vch.ca](mailto:BMEclerical@vch.ca) or  604-831-4182 | Printed Name & Title Signature & DATE |
| Cost Analysis Required? | |

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| **Corporate IMIT Services**  Any Information Management related tasks required for research purposes (i.e. loading software on a PC or electronic data exchange) must be identified and submitted to Corporate IMIT Services as soon as possible to allow Corporate IMIT and the Privacy Office to review and approve the request prior to the intended start of the study. Please submit your request using the [SHOP tool](https://healthbc.service-now.com/sp_fha). Funding for resources to implement technology (e.g. sponsor’s software) may be required. All requests must comply with Fraser Health infrastructure and security standards. A software assessment is required for all new software titles. | |
| **Describe the request for service:**  Click here to enter text. | |
| **Manager, Informatics** [Miodrag.Kapikul@fraserhealth.ca](mailto:Miodrag.Kapikul@fraserhealth.ca) | Signature/DATE |
| Cost Analysis Required? | |

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| **Health Records**  Operational approval for use of Health Records is only required if retrieval of paper charts is requested. | |
| **Describe the request for service**:  Click here to enter text. | |
| **Christopher Glascock, Health Information Management (HIM)**  [Christopher.Glascock@fraserhealth.ca](mailto:Christopher.Glascock@fraserhealth.ca) | Signature/DATE |
| Cost Analysis Required? | |

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| **Laboratory Medicine and Pathology**  For general inquiries: [caroline.arnold@fraserhealth.ca](mailto:caroline.arnold@fraserhealth.ca)  For internal Fraser Health Researchers, refer [here](https://pulse/clinical/laboratory/Pages/Clinical-research.aspx). | |
| **Describe the request for service, including processes for collection & shipping, and cost:**  Click here to enter text. | |
| [Heather.Autio@fraserhealth.ca](mailto:Heather.Autio@fraserhealth.ca) for services at Fraser East sites: CGH, FCH  [Julie.Korstrom@fraserhealth.ca](mailto:Julie.Korstrom@fraserhealth.ca) for services at Fraser East sites: ARH, MMH  [Colleen.Mulligan@fraserhealth.ca](mailto:Colleen.Mulligan@fraserhealth.ca)  for services at Fraser South sites: DH, JPOCSC, LMH, PAH, SMH  [Danielle.Campbell@fraserhealth.ca](mailto:Danielle.Campbell@fraserhealth.ca) for services at Fraser North sites: BH, ERH, RCH, RMH | Printed Name/Title Signature/DATE |
| Cost Analysis Required? | |

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| **Long Term Care & Assisted Living** | |
| **Describe the request for service:**  Click here to enter text. | |
| **Janice Sorensen, Clinical Research Lead, Long Term Care and Assisted Living Research Unit**  [janice.sorensen@fraserhealth.ca](mailto:janice.sorensen@fraserhealth.ca) | Printed Name/Title Signature/DATE |
| Cost Analysis Required? | |

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| **Medical Imaging** | |
| **Describe the request for service:**  Click here to enter text. | |
| [ken.winnig@phsa.ca](mailto:ken.winnig@phsa.ca)  [Laurier.Nobert@fraserhealth.ca](mailto:Laurier.Nobert@fraserhealth.ca) (for services at RCH, ERH and RMH) | Signature/DATE |
| Cost Analysis Required? | |

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| **Pharmacy**  Pharmacy support is required for all studies involving preparation, dispensing, and/or disposal of pharmaceuticals in Fraser Health. Submit the Product Monograph/Investigator Brochure, Study Protocol, Pharmacy Manual, as well as a [financial and workload assessment](https://pulse/clinical/pharmacy/documentslowermainlandpharmacyservicesmanual/External%20Research%20-%20Pharmacy%20Participation%20-%20FH.pdf#search=pharmacy%20research) for each site. | |
| **Describe the request for service:**  Click here to enter text. | |
| **BH Site Pharmacy Coordinators**:  [Amy.Deng@fraserhealth.ca](mailto:Amy.Deng@fraserhealth.ca)  [Vincent.Mabasa@fraserhealth.ca](mailto:Vincent.Mabasa@fraserhealth.ca)  **RCH Site Pharmacy Coordinators**: [Phuong.Hoang@fraserhealth.ca](mailto:Phuong.Hoang@fraserhealth.ca)  [Tim.Leung3@fraserhealth.ca](mailto:Tim.Leung3@fraserhealth.ca)  For other sites and internal Fraser Health researchers, refer [here](https://pulse/clinical/pharmacy/Pages/Research.aspx) | Printed Name/Title of **Site Pharmacy Coordinator** Signature/DATE |
| Cost Analysis Required?  Please refer to the [Fraser Health Policy on External Research – Pharmacy Participation](https://pulse/clinical/pharmacy/documentslowermainlandpharmacyservicesmanual/External%20Research%20-%20Pharmacy%20Participation%20-%20FH.pdf) for further information on costing/fees | |

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| **Public Health**  Send your completed DAR and research protocol or any questions to [sarah.fielden@fraserhealth.ca](mailto:sarah.fielden@fraserhealth.ca) who will obtain approval and signature.  **\*\*Please note data requests from Population & Public Health may not be feasible at this time\*\*** | |
| **Describe the request for service:**  Click here to enter text. | |
| Dr. Ingrid Tyler, Exec Medical Director/Medical Health Officer | Signature/DATE |
| Cost Analysis Required? | |

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| **Surgical Suites**  Obtain signature of the applicable Surgical suite Manager if access to an operating room is required. | |
| **Describe the request for service:**  Click here to enter text. | |
| Site Name:  Click here to enter text. | Printed Name/Title Signature/DATE |
| Cost Analysis Required? | |

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| **System Optimization**  Research teams should consult with System Optimization for feasibility of the request prior to submitting the DAR form.  [AnalyticsServices@fraserhealth.ca](mailto:AnalyticsServices@fraserhealth.ca) | |
| **Describe the request for service:**  Click here to enter text. | |
| Marthalina Priam, Analyst | Signature/DATE |
| Cost Analysis Required? | |

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| **Patient Care Services/Program**  [acute and community]  Obtain signature of the applicable Site Director if access to physical space or charts is required from units. | |
| **Describe the request for service:**  Click here to enter text. | |
| Site Name:  Click here to enter text. | Printed Name/Title Signature/DATE |
| Cost Analysis Required? | |

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| **Other**  Use this space for service requests from any other department not listed above. | |
| **Describe the request for service:**  Click here to enter text. | |
| Department Name:  Click here to enter text. | Printed Name/Title Signature/DATE |
| Cost Analysis Required? | |

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| 10. **Principal Investigator Signature**  By signing below, I confirm that the impact on Fraser Health department/area services and resources has been reviewed and approved by each of the affected departments/areas for the study titled:  Click here to enter text.  PI/Designate Signature: Date: Click here to enter a date.  Printed Name: Click here to enter text. |