

CARDIOLOGY – Children’s Heart Centre

This form must be completed for all studies which involve Cardio-diagnostics.  
Please complete all applicable fields and obtain required signatures.

Is a Heart Centre Cardiologist listed as a Co-Investigator?  No  Yes, please name: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Research coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Study Name: \_\_\_\_\_ REB# \_\_\_\_\_

Study Start Date: \_\_\_\_\_ Study End Date: \_\_\_\_\_

Industry Sponsored Study?  Yes  No Grant Funded Study?  Yes  No

1. Name & Address where invoices are to be sent: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Funds are in: **PHSA** or **UBC** account (pls circle)

2. Anticipated Number of Subjects requiring Cardio-diagnostics: \_\_\_\_\_

3. Services Required:

a. ECG (Please indicate how many of each)

i. Over 2 y/o	ii. Under 2 y/o
iii. Holter Hookup & Scan	iv. Exercise Testing

b. Echo (please indicate how many of each)

i. Standard Complete Echo (M/2D/Doppler): \_\_\_\_\_

ii. Additional Specialty Testing:

i. PWV	ii. FMD
iii. Carotid Vascular	iv. Brachial Vascular

iii. CD Back-up Required?  Yes  No

c. Other Services (please list)

Please attach the study protocol and indicate the relevant sections for this study

\_\_\_\_\_  
Signature of PI

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Head, Cardiology

\_\_\_\_\_  
Research Director, Cardiology

## BC Children's Heart Centre Cardiodiagnostic Resource Utilization Form

- This form must be completed in order to access cardiodiagnostic services from the Heart Centre.
- Please submit your request to The Heart Centre by sending an email with your study proposal, protocol and utilization form to Michelle Legaspi ([michelle.legaspi@cw.bc.ca](mailto:michelle.legaspi@cw.bc.ca))
- Approximate turnaround time for approval, rejection or review is 2-3 weeks
- If you require approximate costs to help with budget creation/approval, please contact Michelle Legaspi ([michelle.legaspi@cw.bc.ca](mailto:michelle.legaspi@cw.bc.ca))