

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)
- 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)