Research Resource Utilization Form
Version 2026

CARDIOLOGY – Children's Heart Centre

This form must be completed for all studies which involve Cardio-diagnostics. Cardio-diagnostics will be approved for patients under 18 years of age. For adult patients, alternate arrangements must be secured by the researcher.

ALL fields must be completed to approve this study. Add the study Protocol to your request and indicate the relevant sections for this study.

Heart Centre Cardiologist listed as a Co-Investigator?	☐ No	☐ Yes, *please name*:	
Principal Investigator:		Division:	
Research Coordinator:		Department:	
Email Address:		REB #:	
Phone #:		Study Start Date: *(MM/DD/YY)*	
Study Name:		Study End Date: *(MM/DD/YY)*	
Type of Study: ☐ Industry-Sponsored ☐ Grant-Funded ☐ Other, *please specify*:			
Billing Information			
Invoices are to be sent to (name):		Email address:	
☐ PHSA Cost Centre:			
☐ UBC Grant Number:			

Anticipated Number of Subjects requiring Cardio-diagnostics:	
Services Required: ☐ ECG ☐ ECHO ☐ Exercise ☐ Holter Monitor ☐ Other, *please specify:*	

Specific Tests Requested:	**# of Subjects**	**# of Tests per Subject**	**Total**	**Protocol Section Reference (pg #) etc.**	**Comment/Note**
ECG Tests					
☐ ECG over 2 y/o					
☐ ECG under 2 y/o					
☐ Holter Monitor					
☐ Other					
ECHO Tests					
☐ ASE Standard ECHO (Mmode/2D/Doppler)					
☐ Study-specific Imaging Protocol					
DVD Backup Required? ☐ No ☐ Yes					
EXERCISE Tests					
☐ BCCH Protocol					
☐ Bruce Protocol					
☐ VO_2 Max					
Frequency of tests per month:					
☐ Treadmill					
☐ Other					
Other Services (please list)					

_____ _____

Signature of Principal Investigator Date

_____ _____

Technician Supervisor, Cardiology Research Director, Cardiology

CARDIOLOGY – Children's Heart Centre

BC Children's Heart Centre Cardiodiagnostic Resource Utilization Form

- This form must be completed to access cardio diagnostic services from the Heart Centre.
- Please submit your request to The Heart Centre by sending an email with your study protocol and utilization form to Helena Lee (hlee3@cw.bc.ca).
- Study Name: Please provide a short version of your study title for easy reference.
  Try to keep it four words or fewer, and make sure it still clearly reflects what the study is about.

  Example: Victory Study
  LTS17789 Atlantis

- When requesting specific tests, please enter the information in the following format:

  Example: *# of Subjects = 2, # of Tests per Subject = 14, Total = 28*

Specific Tests Requested:	# of Subjects	# of Tests per Subject	Total	Protocol Section Reference (pg #) etc.
ECG Tests				
☐ ECG over 2 y/o	2	14	28	Page 17 (section 1.3) & Page 54 (section 8.4.2)

For VO_2 test requests, specify the frequency of tests per month (numerical value only).

Example: 2 *= 2 tests per month*

☐ VO_2 Max
Frequency of tests per month: 2

- The approval timeline is approximately four weeks. Initial approval may be provided within two weeks, but incomplete forms can cause delays. Decisions on approval, rejection, or further review generally take about four weeks. Please email Helena to confirm the monthly meeting date and submission deadline.
- Please contact Helena Lee (hlee3@cw.bc.ca) for cost estimates prior to finalizing budgets.