

PROGRAM UTILIZATION

This Form must be completed if access to a BC Children's Hospital Program is required. Please complete ALL questions and obtain the necessary signature(s). A form must be submitted for each Program that your study impacts upon (please note that separate forms are required for EACH program sign off).

*NOTE: For studies utilizing the following programs, please complete this form online via <https://epup.bcchr.ca>:
Pediatric Emergency Medicine, Child & Youth Mental Health, and Sunny Hill Health Centre.

Principal Investigator:	REB #:
Name of Sponsor:	
Study Start Date:	
Study End Date:	
Project Title:	
Primary Contact:	
Email:	

1. Indicate the Program in which the study will be carried out:

Acute & Critical Care	
Medical Specialties & General Pediatrics	
Oncology/Hematology/BMT	
Surgery & Surgical Suites	
Anesthesia	
Other	

2. Hospital Venue:

Clinic:	Day Care:	OR:	Inpatient Bed:	PICU:
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3. How many participants will be included at the BCCH site?

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4. How many controls will be participating at the BCCH site?

5. List the tasks required of *Hospital Employees* in this Program for this study, by Hospital Area:

6. List study activities conducted in the Program by *non-Program Staff* (e.g., research/lab personnel):

**It is the responsibility of the Programs to determine if these services will have sufficient impact as to require recovery from the research study budget to offset hospital operating costs. It is the responsibility of the Programs to provide investigators with the cost of those services.*

7. It is the Investigator's responsibility to orient staff that will be involved in this study. If applicable, describe how Hospital employees in this Program will be oriented to this study.

AS A CONDITION FOR ONGOING INSTITUTIONAL APPROVAL, YOU MAY BE CONTACTED ANNUALLY FOR UPDATES ON THE NUMBER OF PARTICIPANTS RECRUITED, STUDY RESULTS, PUBLICATIONS, AND MEDIA COVERAGE.

SIGNATURES:

BC CHILDREN'S HOSPITAL	
Signature:	
Print Name:	
Position:	

*For information on Program/Resource Signing Authorities please email crsadmin@bcchr.ca