

CARDIOLOGY – Children's Heart Centre

This form must be completed for all studies which involve Cardio-diagnostics.

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? | | <input type="checkbox"/> No | <input type="checkbox"/> 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: <input type="checkbox"/> Industry-Sponsored <input type="checkbox"/> Grant-Funded <input type="checkbox"/> Other, please specify: | | | |
| Billing Information | | | |
| Invoices are to be sent to (name): | | Email address: | |
| <input type="checkbox"/> PHSA Cost Centre: | | | |
| <input type="checkbox"/> UBC Grant Number: | | | |

| | |
|---|--|
| Anticipated Number of Subjects requiring Cardio-diagnostics: | |
| Services Required: <input type="checkbox"/> ECG <input type="checkbox"/> ECHO <input type="checkbox"/> Exercise <input type="checkbox"/> Holter Monitor <input type="checkbox"/> Other, please specify: | |

| Specific Tests Requested: | # of Subjects | # of Tests per Subject | Total | Protocol Section Reference (pg #) etc. | Comment/Note |
|---|---------------|------------------------|-------|--|--------------|
| ECG Tests | | | | | |
| <input type="checkbox"/> ECG over 2 y/o | | | | | |
| <input type="checkbox"/> ECG under 2 y/o | | | | | |
| <input type="checkbox"/> Holter Monitor | | | | | |
| <input type="checkbox"/> Other | | | | | |
| ECHO Tests | | | | | |
| <input type="checkbox"/> ASE Standard ECHO (Mmode/2D/Doppler) | | | | | |
| <input type="checkbox"/> Study-specific Imaging Protocol | | | | | |
| DVD Backup Required? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| EXERCISE Tests | | | | | |
| <input type="checkbox"/> BCCH Protocol | | | | | |
| <input type="checkbox"/> Bruce Protocol | | | | | |
| <input type="checkbox"/> VO ₂ Max | | | | | |
| Frequency of tests per month: | | | | | |
| <input type="checkbox"/> Treadmill | | | | | |
| <input type="checkbox"/> 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 | | | | |
| <input type="checkbox"/> ECG over 2 y/o | 2 | 14 | 28 | Page 17 (section 1.3) & Page 54 (section 8.4.2) |

For VO₂ test requests, specify the frequency of tests per month (numerical value only).

Example: 2 = 2 tests per month

| |
|--|
| <input type="checkbox"/> 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.