



DEPARTMENTAL IMPACT

Protocol Title:

Does the protocol require use of Hospital and/or OHRI resources (equipment, staff, space) over and above those normally required in the standard care of a patient?

- | | | |
|-----------|------------------------------|-----------------------------|
| Equipment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Staff | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Space | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Will hospitalization or outpatient visits be required beyond what is required for standard care?

- | | | |
|-------------------|------------------------------|-----------------------------|
| Outpatient Visits | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hospitalization | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Indicate impacts associated with this Protocol, by Department:

IF YES is indicated, a signature of an individual authorized to sign for the department must be obtained. (Please see our website for a list of contact names <http://www.ohri.ca/ohreb/>)

	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Signature:
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	Please submit Clinical Director's Acknowledgment www.ohri.ca/ohreb/forms.htm _____
Health Records (See Appendix A)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	Please submit signed Health Records form. www.ohri.ca/ohreb/forms.htm _____
Radioisotopes (See Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>	Please submit signed Lab Impact form. www.ohri.ca/ohreb/forms.htm _____
Diagnostic Imaging (See Appendix B and C)	<input type="checkbox"/>	<input type="checkbox"/>	Please submit Radiation Safety form. www.ohri.ca/ohreb/forms.htm _____
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	Please submit signed Diagnostic Imaging form. www.ohri.ca/ohreb/forms.htm _____
Nutrition And Food Services	<input type="checkbox"/>	<input type="checkbox"/>	Please submit signed Pharmacy form www.ohri.ca/ohreb/forms.htm _____
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	_____
Space Planning & Management	<input type="checkbox"/>	<input type="checkbox"/>	Please submit signed Ophthalmology form www.ohri.ca/ohreb/forms.htm _____
Clinical Investigation Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiopulmonary Services	<input type="checkbox"/>	<input type="checkbox"/>	_____

