



### 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/>)*

**Signature:**

- |         |                              |                             |
|---------|------------------------------|-----------------------------|
| Nursing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit Clinical Director's Acknowledgment  
[www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Emergency Department | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------------------|------------------------------|-----------------------------|

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Health Records<br>(See Appendix A) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------------|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit signed Health Records form. [www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| Laboratory Services | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------------|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit signed Lab Impact form. [www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| Radioisotopes<br>(See Appendix B) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------------|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit Radiation Safety form. [www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Diagnostic Imaging<br>(See Appendix B and C) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit signed Diagnostic Imaging form. [www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |          |                              |                             |
|----------|------------------------------|-----------------------------|
| Pharmacy | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit signed Pharmacy form [www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Nutrition And Food Services | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------|------------------------------|-----------------------------|

- |               |                              |                             |
|---------------|------------------------------|-----------------------------|
| Ophthalmology | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------|------------------------------|-----------------------------|

\_\_\_\_\_  
Please submit signed Ophthalmology form [www.ohri.ca/ohreb/forms.htm](http://www.ohri.ca/ohreb/forms.htm)

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Space Planning & Management | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------|------------------------------|-----------------------------|

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Clinical Investigation Unit | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------------|------------------------------|-----------------------------|

\_\_\_\_\_  
\_\_\_\_\_

Cardiopulmonary Services

YES

NO

---