



**REQUEST FOR DEPARTMENT OF OPHTHALMOLOGY IMPACT FORM
FOR A PROPOSED RESEARCH STUDY**

INSTRUCTIONS:

1. A Request for Department of Ophthalmology Impact Form must be completed for all Research Studies that include Ophthalmology Assessments and/or Diagnostic Tests that are additional to normal patient care.
2. All ophthalmology assessments and diagnostic tests included in the study budget must be specified.
3. The completed Request for Department of Ophthalmology Impact Form (page -2- below) and a copy of the study protocol must be submitted to the University of Ottawa Eye Institute Clinical Research Program Manager:

Mélanie R. Lalonde, Ph.D.

The Ottawa Hospital - General Campus
Critical Care Wing
501 Smyth Road, Ottawa ON K1H 8L6
Room W6261, Mailbox 307
☎613-737-8519 ☎613-739-6645 ✉mlalonde@ohri.ca

4. Set costs for Research Diagnostic tests are established by the Department of Ophthalmology.
5. Please allow a minimum of 2-4 weeks before receiving a Department of Ophthalmology Impact Form (original signed by the Eye Institute Director), which is to be included as part of the study OHREB submission.
6. At least 2 weeks prior to the initiation of the Research Study: the Study Coordinator must contact the Eye Institute Clinical Research Program Manager for further instructions regarding research study requisitions and appointment bookings.
7. The Department of Ophthalmology Research billing is done on a quarterly basis.



**REQUEST FOR DEPARTMENT OF OPHTHALMOLOGY IMPACT FORM
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Protocol Title:																																
OHREB Protocol Number:	Acronym (if any):																															
Principal Investigator:																																
Study Coordinator:																																
Tel: Fax: E-mail:	Address:																															
Anticipated Start Date (yyyy/mm/dd):	Total Study Length:	Total Number Study Patients:																														
<p>Required Ophthalmology Assessments and/or Diagnostic Tests:</p> <p>BILATERAL TESTS</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Angiography</td> <td><input type="checkbox"/> Fundus Photo</td> <td><input type="checkbox"/> SLO/OCT-7</td> </tr> <tr> <td><input type="checkbox"/> Color vision</td> <td><input type="checkbox"/> HRT3</td> <td><input type="checkbox"/> Visual Acuity</td> </tr> <tr> <td><input type="checkbox"/> Corneal Topography</td> <td><input type="checkbox"/> ICG</td> <td><input type="checkbox"/> Visual Evoked Potential (VEP)</td> </tr> <tr> <td><input type="checkbox"/> Electro-oculogram (EOG)</td> <td><input type="checkbox"/> OCT</td> <td><input type="checkbox"/> Visual Fields</td> </tr> <tr> <td><input type="checkbox"/> Electroretinography (ERG)</td> <td><input type="checkbox"/> Ophthalmology Assessment</td> <td><input type="checkbox"/> Visudyne/PDT Administration</td> </tr> <tr> <td><input type="checkbox"/> ERG - Multifocal (ERG-M)</td> <td></td> <td><input type="checkbox"/> Wavefront</td> </tr> </table> <p>PER EYE (please specify)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Axial Biometry</td> <td>OD OS OU</td> </tr> <tr> <td><input type="checkbox"/> Contact B-Scan</td> <td>OD OS OU</td> </tr> <tr> <td><input type="checkbox"/> Juxtaposition Injection</td> <td>OD OS OU</td> </tr> <tr> <td><input type="checkbox"/> Specular Microscopy</td> <td>OD OS OU</td> </tr> <tr> <td><input type="checkbox"/> Ultrasound Biomicroscopy (UBM)</td> <td>OD OS OU</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td>OD OS OU</td> </tr> </table>			<input type="checkbox"/> Angiography	<input type="checkbox"/> Fundus Photo	<input type="checkbox"/> SLO/OCT-7	<input type="checkbox"/> Color vision	<input type="checkbox"/> HRT3	<input type="checkbox"/> Visual Acuity	<input type="checkbox"/> Corneal Topography	<input type="checkbox"/> ICG	<input type="checkbox"/> Visual Evoked Potential (VEP)	<input type="checkbox"/> Electro-oculogram (EOG)	<input type="checkbox"/> OCT	<input type="checkbox"/> Visual Fields	<input type="checkbox"/> Electroretinography (ERG)	<input type="checkbox"/> Ophthalmology Assessment	<input type="checkbox"/> Visudyne/PDT Administration	<input type="checkbox"/> ERG - Multifocal (ERG-M)		<input type="checkbox"/> Wavefront	<input type="checkbox"/> Axial Biometry	OD OS OU	<input type="checkbox"/> Contact B-Scan	OD OS OU	<input type="checkbox"/> Juxtaposition Injection	OD OS OU	<input type="checkbox"/> Specular Microscopy	OD OS OU	<input type="checkbox"/> Ultrasound Biomicroscopy (UBM)	OD OS OU	<input type="checkbox"/> Other:	OD OS OU
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