



Ottawa Hospital
Pharmaceutical Services

| REQUEST FOR PHARMACY SERVICES FOR A PROPOSED RESEARCH PROTOCOL | | | | | | | | | | | | | | | | | |
|--|--|--------|-----------------------------------|------------------|--|--|-------------------|-------|-------------------------------------|---------|--|---------------------------------------|--|--|--|--|--|
| Campus where trial will be conducted: (X) | | | CIVIC <input type="checkbox"/> | | | CLINIC PHY <input type="checkbox"/> | | | GENERAL <input type="checkbox"/> | | | RIVERSIDE <input type="checkbox"/> | | | | | |
| PROTOCOL TITLE: | | | | | | | | | | | | | | | | | |
| Protocol Number: | | | | | | Acronym (if any): | | | | | | | | | | | |
| OHREB Number: | | | | | | OHREB Approval Date: | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Principal Investigator | | | | Telephone # | | | Fax: | | | E-mail: | | | | | | | |
| Study Coordinator: | | | | Telephone # | | | Fax: | | | E-mail: | | | | | | | |
| SPONSOR: | | | | | | | | | | | | | | | | | |
| Clinical Trial Monitor: | | | | Telephone # | | | Fax: | | | E-mail: | | | | | | | |
| Anticipated Start Date: | | | | Length of Study: | | | Total # Patients: | | | | | | | | | | |
| Billing Information | | Entity | Campus | Cost Centre | | | | | | Account | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| <i>Pharmacy fees will be billed bi-annually (April and October). The Ottawa Hospital Finance Department will transfer funds from the above cost centre to the Pharmacy Research Cost Centre. A copy of the Pharmacy Invoice will be forwarded to the Investigator or designee for your records</i> | | | | | | | | | | | | | | | | | |
| Investigator or Designee Signature: | | | | | | | | Date: | | | | | | | | | |
| <p style="text-align: center;">Please Note: This Form must be completed and signed prior to study commencement.</p> <p style="text-align: center;"><u>Return to:</u></p> <p>Anne-Marie Dugal – TOH, General Campus, Pharmacy Department Tel (613) 737-8970 Fax : (613) 737-8891 amdugal@ottawahospital.on.ca</p> <p>Sherry Weir – TOH, Civic Campus, Pharmacy Department (Room CS06-1) Tel: (613) 798-5555 EXT 16772 Fax: (613) 761-4350 sweir@ottawahospital.on.ca</p> | | | | | | | | | | | | | | | | | |