**FRASER HEALTH DEPARTMENT AGREEMENT FOR PROVIDING RESEARCH RELATED SERVICES (DAR) FORM**

**Instructions for Completion**

1. **Who Should Use This Form?** Every Fraser Health Principal Investigator (PI) who is planning to conduct research that requires the provision of services, access to personal information or site resources must use this form to obtain the applicable department/area’s permission, regardless of funding.
2. The PI/co-Investigator must complete the form and bring it to the applicable departments/areas for review, discussion and approval (sign-off).
3. The negotiation with departments/areas can proceed at any time during the ethics approval process for the study. Before initiating contact with the department/area, the PI must first complete Boxes 1 to 9 and send the completed DAR (including Box 9), research protocol, and any questions to the email address provided for the applicable department/area unless otherwise specified.
4. The study budget for any funded study must include provision for the costs of any research-related services. Each department/area sets their own cost structure for providing research-related services.
5. The designated signing authority for each department/area must complete Box 8 as applicable. Individual departments/areas must retain a copy of the form for their own records.
6. Once all required signatures are obtained, the PI must sign in Box 10 and email a scanned copy of the form to the Fraser Health Research Ethics Board (FHREB) office at [REB@fraserhealth.ca](mailto:REB@fraserhealth.ca). **The PI must retain a signed copy of the DAR form.**
7. Completion of the DAR Form is required to obtain the Fraser Health Authority “Letter of Authorization to Conduct Research” (LOA) issued to the PI by the Fraser Health Research office.
8. If personal information is being requested, to ensure Fraser Health confidentiality requirements are met regarding secondary release of personal information for research purposes, the PI must complete Appendix 2 of the FHREB ethics application form. Once the FHREB has approved the study, the FHREB Office will email the application and all study documents to the [Fraser Health Information Privacy Office](http://fhpulse/computers_and_technology/privacy_and_confidentiality/Pages/Default.aspx) for their review.

Upon completion of the Privacy Office Review, the PI will be asked by the Privacy Office to sign a [Data Access Agreement (DAA)](http://fhpulse/computers_and_technology/privacy_and_confidentiality/Pages/FormsTemplates.aspx) or a related ‘understanding of confidentiality’, after which the PI may request the personal information from the provider (see #10 below). Personal information is recorded information about an identifiable individual. Personal information includes both personally identifiable information (e.g. patient/physician names, PHNs, account numbers) AND de-identified information at the individual record-level (i.e. one record per individual – patient or physician).

1. Any Information Management related tasks required for research purposes (i.e. loading software on a PC or electronic data exchange) must be identified and submitted to Corporate IMIT Services as soon as possible to allow Corporate IMIT and the Privacy Office to review and approve the request prior to the intended start of the study. Please submit your request using the [SHOP tool](http://spwebsm9003.fraserhealth.org/src/secure/main.jsp#services/home).
2. **The services, access to personal information, and resources can only be provided when the PI forwards the department/area the LOA (See #7 above) and, as applicable, approval from the Privacy Office for any use of data held by Fraser Health.**
3. Any invoices for services provided to the PI must be issued by Fraser Health Treasury as per Fraser Health policy.

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| **FHREB #**  (if known at time of submission of the DAR to the Fraser Health Research Office) |
| 1.Title of Research Study: |
| 2. Funding Type:  Industry  Grant-in-aid  Unfunded  Grant awarded to Fraser Health  Grant awarded to other institution |
| 3. Principal Investigator:  Fraser Health Employee/Physician  Affiliated Researcher   |  |  | | --- | --- | | Name: | **For paid services, provide invoicing address:** | | Position: |  | | Dept./Program: | | Email: | | Phone: | |
| 4a. Expected # of participants [i.e. minimum to maximum range]:  4b. Brief Summary Of The Proposed Research: |
| 5. Main Category Of Research Project:  Retrospective chart review  Clinical device trial  Collection of prospective secondary data  Clinical drug trial  Survey/interview/focus group  Tissue analysis  Database linkage  Other – please describe: |
| 6. Fraser Health Sites Where Research will be Conducted:  Fraser Health Wide  ARHCC  BH  CGH  DH  ERH  FCH  JPOCSC  LMH  MMH  PAH  RCH  RMH  SMH Physician’s Private Office  Community Site(s), please specify:        Other: |
| 7. Estimated Project Start Date  Estimated Project Completion Date: |

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| **8. Department/Area Authorization**  Check the box beside the Department/Program from which services or resources are required. Detail your request in Box 10. Send your completed DAR form, research protocol, and questions to the email address provided for the applicable department/area, unless otherwise specified.  The services required must be discussed with each individual department/area for their cost/resource implications and to clarify any further requirements.  If a name is provided below, this person’s signature must be obtained for research services and resources at any site; if no name is provided below, obtain the signature of responsible person for individual sites.  Turn-around time for requests will depend on the availability of department/area staff. Funding does not guarantee that staff support can be secured in a timely manner. Please provide appropriate lead time for review. | | | **9. Cost analysis required?** |
| Biomedical Engineering |  | [vaun.malo@fraserhealth.ca](mailto:vaun.malo@fraserhealth.ca)  Biomedical Engineering is part of Information Management, but has its own requirements for the review and approval of ANY biomedical equipment that a researcher wishes to purchase for their study.  **Vaun Malo, Director** Signature/DATE |  |
| Corporate IMIT Services |  | [Ariadna.McKenna@fraserhealth.ca](mailto:Ariadna.McKenna@fraserhealth.ca)  Funding for resources to implement technology (e.g. sponsor’s software) may be required. All requests must comply with FH infrastructure and security standards. A software assessment is required for all new software titles.  **Ariadna McKenna, Manager** Signature/DATE |  |
| Health Records  [Site Manager] |  | [Patty.Chaster@fraserhealth.ca](mailto:Patty.Chaster@fraserhealth.ca) **Approval is required for access to both electronic and paper health records Include an estimate of the number of records.**  **Patty Chaster, Research Lead** Signature/DATE |  |
| Integrated Analytics (IA) |  | [AnalyticsServices@fraserhealth.ca](mailto:AnalyticsServices@fraserhealth.ca)  **Denise Morettin, IA Coordinator** Signature/DATE |  |
| Laboratory Medicine and Pathology |  | For internal Fraser Health Researchers: <http://fhpulse/clinical_support_services/laboratory/pages/clinicalresearch.aspx>  [Heather.Kelly@fraserhealth.ca](mailto:Heather.Kelly@fraserhealth.ca) (for services at ARHCC)  [Devena.Steinmann@fraserhealth.ca](mailto:Devena.Steinmann@fraserhealth.ca) (for services at BH & RCH)  [Harjot.Saran@fraserhealth.ca](mailto:Harjot.Saran@fraserhealth.ca) (for services at SMH)  Printed Name/Title of **Site Manager** Signature/DATE |  |
| Medical Imaging |  | [Sue.Avery@fraserhealth.ca](mailto:Sue.Avery@fraserhealth.ca)  [Laurier.Nobert@fraserhealth.ca](mailto:Laurier.Nobert@fraserhealth.ca) (for services at RCH, ERH and RMH)  Printed Name/Title **as applicable** Signature/DATE |  |

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| Patient Care Services/Program  [acute and community] |  | Obtain signature of the applicable Site Director if access to physical space or charts is required from units.  Printed Name/Title **as applicable** Signature/DATE |  |
| Pharmacy |  | Site Pharmacy Coordinator (for RCH, Phuong.Hoang@fraserhealth.ca). For other sites and internal FH researchers: <http://fhpulse/CLINICAL_SUPPORT_SERVICES/PHARMACY/RESEARCH/Pages/Default.aspx>  Printed Name/Title of **Site Pharmacy Coordinator** Signature/DATE |  |
| Public Health (e.g. communicable diseases, etc.) |  | Send your completed DAR and research protocol or any questions to Rahul.Chhokar@fraserhealth.ca who will obtain approval and signature  **Dr. Andrew Larder, EMD**  Signature/DATE |  |
| Procurement |  | [Health Shared Services BC (HSSBC)](mailto:servicedesk@fraserhealth.ca)  Printed Name/Title Signature/DATE |  |
| Quality Improvement & Patient Safety |  | **Requests for Patient Safety and Learning System (PSLS) data must be made through the BC PSLS Central Office. Please complete the** [**BC PSLS Data Release/Data Access Request form**](http://bcpslscentral.ca/?page_id=1613) |  |
| Surgical Suites  [Site Manager] |  | Obtain signature of the applicable Surgical site Manager if access to an Operating Room is required.  Printed Name/Title **as applicable**  Signature/DATE |  |
| Other  [Please Specify] |  | Printed Name/Title Signature/DATE |  |
| 10. Detail the resources or services you require from each department/area as applicable to the study (if asking for services from more than one department be sure to be clear which department is doing what). If data required, detail the time range for the data extract, inclusion/exclusion criteria, etc.) | | | |
| 11. By signing below, I confirm that the impact on Fraser Health department/area services and resources has been reviewed and approved by each of the affected departments/areas for the study titled:    PI/Designate Signature: Date:  Printed Name: | | | |