

## DEPARTMENT AGREEMENT FOR PROVIDING RESEARCH RELATED SERVICES (DAR) FORM

### Instructions for Researchers

Studies that require the provision of services, access to personal information, or site resources from Fraser Health should use this form to obtain the applicable department/unit's permission. It is the Principal Investigator's responsibility to identify the services required for the study and to obtain the signatures from the designated signing authorities. The Principal Investigator must retain a copy of the signed form.

The study budget for any funded study must include provision for the costs of any research-related services. Each department/unit sets their own cost structure for providing research-related services. Turn-around time for requests will depend on the availability of department/unit staff. Funding does not guarantee that staff support can be secured in a timely manner. Please provide appropriate lead time for review.

Research-related services are provided at the discretion of the respective departments. A department may decline to provide a service if the request is not feasible or possible without disrupting the standard operations of that department/unit. Researchers should discuss the feasibility of the request as early as possible in the process.

Once the Letter of Authorization to Conduct Research (LOA) is released, the Researcher is responsible for providing a copy of the LOA to the Department in order for the service request to be fulfilled.

### Instructions for Designated Department Signing Authorities

Following the determination of feasibility and cost-negotiation for the service, the designated signing authority for each department/unit should sign in the appropriate box in section 9. Departments/units should retain a copy of the form for their own records. Any invoices for services provided to the PI must be issued by Fraser Health Treasury as per Fraser Health policy.

<b>FHREB # (if known):</b> Click here to enter text.	
<b>1. Title of Research Study:</b> Click here to enter text.	
<b>2. Principal Investigator:</b> <input type="checkbox"/> Fraser Health Employee/Physician <input type="checkbox"/> Affiliated Researcher	
<b>Name:</b> Click here to enter text.	<b>For paid services, provide invoicing address:</b>
<b>Position:</b> Click here to enter text.	Click here to enter text.
<b>Dept./Program:</b> Click here to enter text.	
<b>Email:</b> Click here to enter text.	
<b>Phone:</b> Click here to enter text.	

3. Funding Type:

☐ Industry    ☐ Grant-in-aid    ☐ Unfunded    ☐ Grant awarded to Fraser Health    ☐ Grant awarded to other institution

4. Brief Summary Of The Proposed Research:

[Click here to enter text.](#)

5. Expected number of participants/records:

[Click here to enter text.](#)

6. Main Category Of Research Project:

- |   |   |
|---|---|
| <input type="checkbox"/> Retrospective chart review   | <input type="checkbox"/> Clinical device trial  |
| <input type="checkbox"/> Collection of prospective secondary data                           | <input type="checkbox"/> Clinical drug trial    |
| <input type="checkbox"/> Survey/interview/focus group                                       | <input type="checkbox"/> Clinical trial – other |
| <input type="checkbox"/> Database linkage   | <input type="checkbox"/> Tissue analysis        |
| <input type="checkbox"/> Other – please describe: <a href="#">Click here to enter text.</a> |   |

7. Fraser Health Sites Where Research will be conducted (for records or data requests, please indicate the locations from where the records/data is being requested):

- ☐ 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: [Click here to enter text.](#)  
☐ Other: [Click here to enter text.](#)

8. Estimated Project Start Date: [Click here to enter text.](#)

Estimated Project Completion Date: [Click here to enter text.](#)

## 9. Department/Area Authorization

<b>Biomedical Engineering</b> Biomedical Engineering assessment is required for research utilizing an electronic medical device that does not meet Device Exclusion List criteria (see Assessment document located under <b>Device Use</b> <a href="#">here</a> ). Please also note the Device Use Expectations for Researchers in Clinical Environments and Non-Clinical Environments documents on the above-linked page.	
<b>Describe the request for service:</b> <a href="#">Click here to enter text.</a>	
<b>Lower Mainland Biomedical Engineering</b> <a href="mailto:BMEclerical@vch.ca">BMEclerical@vch.ca</a> or 604-831-4182	Printed Name & Title  Signature & DATE
Cost Analysis Required? <input type="checkbox"/>	

<b>Corporate IMIT Services</b> 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 <a href="#">Service Request Portal</a> . Funding for resources to implement technology (e.g. sponsor's software) may be required. All requests must comply with Fraser Health infrastructure and security standards. A software assessment is required for all new software titles.	
<b>Describe the request for service:</b> <a href="#">Click here to enter text.</a>	
<b>Vindhya Somaiah, Portfolio Manager</b> <a href="mailto:Vindhya.Somaiah@fraserhealth.ca">Vindhya.Somaiah@fraserhealth.ca</a>	Signature/DATE
Cost Analysis Required? <input type="checkbox"/>	

<b>Centre for Advanced Analytics, Data Science and Innovation (CAADSI, formerly System Optimization)</b> Research teams should consult with CAADSI for feasibility of the request prior to submitting the DAR form.  Internal Fraser Health Researchers <a href="#">refer here for consultant contact information</a>  External Researchers may contact <a href="mailto:research.approvals@fraserhealth.ca">research.approvals@fraserhealth.ca</a> for consultant contact information.	
<b>Describe the request for service:</b> <a href="#">Click here to enter text.</a>	
<b>CAADSI Representative</b>	Printed Name & Title  Signature & DATE
Cost Analysis Required? <input type="checkbox"/>	

### Health Records

Operational approval for use of Health Records is only required if retrieval of paper charts is requested.

#### Describe the request for service:

[Click here to enter text.](#)

**Christopher Glascock, Health  
Information Management (HIM)**

[Christopher.Glascock@fraserhealth.ca](mailto:Christopher.Glascock@fraserhealth.ca)

Signature/DATE

Cost Analysis Required? ☐

### Laboratory Medicine and Pathology

Direct all requests and inquiries to [laboratoryresearch@fraserhealth.ca](mailto:laboratoryresearch@fraserhealth.ca)

For internal Fraser Health Researchers, refer [here](#).

#### Describe the request for service, including processes for collection & shipping, and cost:

[Click here to enter text.](#)

[Julie.Korstrom@fraserhealth.ca](mailto:Julie.Korstrom@fraserhealth.ca) for  
services at Fraser East sites: ARH,  
CGH, FCH, MMH

[Aman.Gandha@fraserhealth.ca](mailto:Aman.Gandha@fraserhealth.ca)  
for services at Fraser South sites:  
DH, JPOCSC, LMH, PAH, SMH

[Danielle.Campbell@fraserhealth.ca](mailto:Danielle.Campbell@fraserhealth.ca)  
for services at Fraser North sites:  
BH, ERH, RCH, RMH

Printed Name/Title

Signature/DATE

Cost Analysis Required? ☐

### Long-Term Care & Assisted Living

All research involving Fraser Health Long-Term Care and/or Assisted Living sites (including contracted sites) requires approval. Please submit study protocol with completed DAR form by email.

#### Describe the request for service:

[Click here to enter text.](#)

**Long-Term Care and Assisted  
Living Research Unit**

[LTCALresearch@fraserhealth.ca](mailto:LTCALresearch@fraserhealth.ca)

Printed Name/Title

Signature/DATE

Cost Analysis Required? ☐

<b>Medical Imaging</b>	
<b>Describe the request for service:</b> Click here to enter text.	
<a href="mailto:ken.winnig@phsa.ca">ken.winnig@phsa.ca</a>  <a href="mailto:Laurier.Nobert@fraserhealth.ca">Laurier.Nobert@fraserhealth.ca</a> (for services at RCH, ERH and RMH)	Signature/DATE
Cost Analysis Required? <input type="checkbox"/>	

<b>Mental Health and Substance Use</b> All mental health and substance use research requires approval. Please complete the <a href="#">MHSU Pre-Approval Questionnaire</a> prior to submitting the study protocol with completed DAR form by email.	
<b>Describe the request for service:</b> Click here to enter text.	
<b>Dr. Leke Fowokan, Clinical Research Lead, Mental Health &amp; Substance Use Services</b> <a href="mailto:adeleke.fowokan@fraserhealth.ca">adeleke.fowokan@fraserhealth.ca</a>	Printed Name/Title                      Signature/DATE
Cost Analysis Required? <input type="checkbox"/>	

<b>Pharmacy</b> Pharmacy support is required for all studies involving preparation, dispensing, and/or disposal of pharmaceuticals in Fraser Health. Submit the Product Monograph/Investigator Brochure, Study Protocol, Pharmacy Manual, as well as a <a href="#">financial and workload assessment</a> for each site.	
<b>Describe the request for service:</b> Click here to enter text.	
<b>ARH Site Pharmacy Coordinator:</b> <a href="mailto:Dwayne.Kimoto@fraserhealth.ca">Dwayne.Kimoto@fraserhealth.ca</a>  <b>BH Site Pharmacy Coordinators:</b> <a href="mailto:Amy.Deng@fraserhealth.ca">Amy.Deng@fraserhealth.ca</a> <a href="mailto:Vincent.Mabasa@fraserhealth.ca">Vincent.Mabasa@fraserhealth.ca</a>  <b>RCH Site Pharmacy Coordinators:</b> <a href="mailto:Phuong.Hoang@fraserhealth.ca">Phuong.Hoang@fraserhealth.ca</a> <a href="mailto:Tim.Leung3@fraserhealth.ca">Tim.Leung3@fraserhealth.ca</a>  For other sites and internal Fraser Health researchers, refer <a href="#">here</a>	Printed Name/Title of <b>Site Pharmacy Coordinator</b> Signature/DATE
Cost Analysis Required? <input type="checkbox"/> Please refer to the <a href="#">Fraser Health Policy on External Research – Pharmacy Participation</a> for further information on costing/fees	

### Public Health

Send your completed DAR and research protocol or any questions to [sarah.fielden@fraserhealth.ca](mailto:sarah.fielden@fraserhealth.ca) who will obtain approval and signature.

**\*\*Please note data requests from Population & Public Health may not be feasible at this time\*\***

### Describe the request for service:

[Click here to enter text.](#)

Dr. Ariella Zbar, Exec Medical  
Director/Medical Health Officer

Signature/DATE

Cost Analysis Required? ☐

### Surgical Suites

Obtain signature of the applicable Surgical suite Manager if access to an operating room is required.

### Describe the request for service:

[Click here to enter text.](#)

Site Name:

[Click here to enter text.](#)

Printed Name/Title

Signature/DATE

Cost Analysis Required? ☐

### System Optimization

System Optimization is now operating as *The Centre for Advanced Analytics, Data Science and Innovation (CAADSI)*, located above on Page 3.

### 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.

### Describe the request for service:

[Click here to enter text.](#)

Site Name:

[Click here to enter text.](#)

Printed Name/Title

Signature/DATE

Cost Analysis Required? ☐

<b>Other</b> Use this space for service requests from any other department not listed above.	
<b>Describe the request for service:</b> <a href="#">Click here to enter text.</a>	
Department Name: <a href="#">Click here to enter text.</a>	Printed Name/Title  Signature/DATE
Cost Analysis Required? <input type="checkbox"/>	

<b>10. Principal Investigator Signature</b> 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: <a href="#">Click here to enter text.</a>	
PI/Designate Signature:	Date: <a href="#">Click here to enter a date.</a>
Printed Name: <a href="#">Click here to enter text.</a>	