

CARDIOLOGY - Children's Heart Centre

This form must be completed for all studies which involve Cardio-diagnostics.

ALL fields must be completed to approve this study.

Add the Study Protocol to your request and indicate the relevant sections for this study.

	stigator? No Yes Name: Division:
· · · · · · · · · · · · · · · · · · ·	Phone Number:
	REB#:
	Study End Date:
Stody Start Bate Moty B/11/TE/18.	
☐ Industry Sponsored Study	☐ Grant Funded Study
1 Invoiges are to be sent to (name).	
Invoices are to be sent to (name): Fracil Address:	
	Phone #:
Fax Number:	
2. Anticipated Number of Subjects requiring	Cardio-diagnostics:
3. Services Required:	
a. ECG testing:	
☐ ECG Over 2 y/o	☐ Holter Hookup & Scan
☐ ECG Under 2 y/o	
Total number of visits per Subject	ot:
Specific testing Instructions?	□ NO □ YES (Attach instructions)
b. ECHO Testing	
	out Structural Heart Disease (Mmode/2D/Doppler)
<u> </u>	, , ,
Specify number of ECHO's per S	Subject:
☐ Study-Specific Imaging Prote	ocol (*attach Instructions)
	Subject:
DVD Back-up required?	No □ Yes
c. Other Services (please list)	
Signature of Principal Investigator	Date
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Technician Supervisor, Cardiology	Research Director, Cardiology



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BC Children's Heart Centre Cardio diagnostic Resource Utilization Form

- This form must be completed in order to access cardio diagnostic services from the Heart Centre.
- Please submit your request to The Heart Centre by sending an email with your study proposal, protocol and utilization form to Active Program Coordinator (Interim andre.carvalho@cw.bc.ca / diana.doan@cw.bc.ca). Approximate turnaround time for approval, rejection or review is 5 business days
- If you require approximate costs to help with budget creation/approval, please contact Andre Carvalho (interim) / Diana Doan (andre.carvalho@cw.bc.ca / diana.doan@cw.bc.ca)