

## MEDICAL DAY UNIT

### Program Utilization Form

This form must be completed if access to Medical Day Unit (MDU) space is required. Please complete this form and send along with requested attachments to MDUresearch@cw.bc.ca. A completed signed MDU PU Form AND a copy of your REB approval certificate is required before ANY clinical research studies can begin in the MDU.

#### A. Study Information:

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**Project Title:** \_\_\_\_\_  
**REB #:** \_\_\_\_\_

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**Principal Investigator:** \_\_\_\_\_  
**Department/Division:** \_\_\_\_\_

**Does the PI have medical appointment with BCCH?**  Yes  No  
If no, please name co-investigator with medical appointment at BCCH:

**Primary Contact:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Name of Funder:** \_\_\_\_\_  
**Funding Source:**

- Industry Sponsored*       *Grant-Funded*  
 *Unfunded*                       *Other*

**Anticipated Study Start Date:** \_\_\_\_\_ **Anticipated Study End Date:** \_\_\_\_\_

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#### B. Study Details

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1a. Participant visit details:

- Total number of participants expected: \_\_\_\_\_
- Number of visits to MDU **per** participant: \_\_\_\_\_
- More than one participant possible per day? \_\_\_\_\_
- Age range of participant in study: \_\_\_\_\_

1b. Please detail participant visit schedule (to MDU only) below, or attach summary separately.

2. Please detail the procedures required for this study (point form okay), including any support that will be required from MDY in terms of scheduling visits, nursing requirements, allied health, or other services needed.

3. Are there any constraints to the visits that MDU needs to be aware of, including frequency of visits within a specific date range, restrictions to date or time of visits, etc.

4. Will patients be receiving clinical care in addition to their study visit?

Yes  No, *If yes, please detail:*

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**It is the Investigator's responsibility to orient staff that will be involved in this study. As part of the Program's impact assessment, the MDU Coordinator will work with the Investigator to determine the best strategy for how Hospital employees in this program can be oriented to the study.**

**The following documents should be attached with your submission:**

- Copy of study protocol
- Copy of detailed patient visit schedule (relevant only to visits occurring in MDU, if not included in protocol)

**Approval:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director, Ambulatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager, Ambulatory Care

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Director, Ambulatory Care

**Please submit the request to:**

*Attention: Clinical Research Coordinator, MDU, Ambulatory Care Services*  
[MDUresearch@cw.bc.ca](mailto:MDUresearch@cw.bc.ca), 604-875-2244

	Study Team	MDU Research Team
<b>Study Request Package Submission</b>	Submit the following documents to <a href="mailto:MDUresearch@cw.bc.ca">MDUresearch@cw.bc.ca</a> : <ul style="list-style-type: none"> <li>• A completed MDU PU Form</li> <li>• A copy of study protocol</li> <li>• MDU specific patient visit schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Reviews and intakes study request</li> <li>• May contact study team to confirm any details</li> <li>• Arranges a mandatory OIA meeting with the study team</li> </ul>
<b>Operational Impact Assessment (OIA) Meeting</b> 1-2 weeks post submission	<ul style="list-style-type: none"> <li>• Attends OIA meeting</li> <li>• Reviews and completes MDU operational impact assessment form with MDU Clinical Nurse Coordinator (CNC)</li> </ul>	<ul style="list-style-type: none"> <li>• Attends OIA meeting</li> <li>• Sends completed OIA report to senior leadership team to review costing</li> <li>• Reviews and completes MDU operational impact assessment form with the study team</li> </ul>
<b>Senior Leadership Meeting</b>	No action required	<ul style="list-style-type: none"> <li>• Provides input based on OIA meeting</li> </ul>
<b>Decision Notice</b> 3-4 weeks post submission	Study team receives notice of decision via: <ul style="list-style-type: none"> <li>• Approved:               <ul style="list-style-type: none"> <li>○ A signed PU form,</li> <li>○ A signed costing letter/letter of approval</li> </ul> </li> <li>• Rejected: Letter of Rejection</li> </ul>	<ul style="list-style-type: none"> <li>• Sends notice of decision to study team</li> </ul>
<b>Study Preparation</b> 4-6 weeks prior to study start	<ul style="list-style-type: none"> <li>• Send <i>REB Certificate of Approval</i> to <a href="mailto:MDUresearch@cw.bc.ca">MDUresearch@cw.bc.ca</a>.</li> <li>• Liaise with MDU CNC to finalize study specific pre- printed orders</li> <li>• Liaise with MDU CNC to coordinate study-specific education with MDU staff</li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with study team to finalize study specific pre-printed orders</li> <li>• Liaise with study team to coordinate study- specific education</li> </ul>
<b>Study Start</b>		
<ul style="list-style-type: none"> <li>• In order to accommodate the timelines outlined above, study teams are advised to allow at least 2 months from the submission of the request to the first planned participant visit.</li> <li>• Study teams will be invoiced quarterly by MDU. All invoices will be marked with the REB#, which will serve as the MDU reference # for a given study. If you require a cost estimate in advance of this program review, to help with budgeting, please contact <a href="mailto:MDUresearch@cw.bc.ca">MDUresearch@cw.bc.ca</a>.</li> </ul>		