Intent to conduct research

**Instructions:** As principal investigator, you must contact the program manager and medical lead of the GRH service(s) that you wish to access, to determine whether the GRH can support your research. Submit this document to grhresearch@ahs.ca as soon as possible to avoid unnecessary delays. Please allow up to three (3) weeks for review/acceptance.

# principal investigator

|  |  |  |
| --- | --- | --- |
| Name/facility | Research study title | grh collaborator & COntact info |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# study purpose

Click or tap here to enter text.

#  describe the study and what relevance it has to the grh?

Click or tap here to enter text.

# who else on the grh site is involved, and how are they involved?

Click or tap here to enter text.

# what is the patient population that you are interested in, and from which clinics? Have you contacted the manager and medical lead of the program to discuss your study?

Click or tap here to enter text.

# do you have or do you anticipate any financial resources to support this study? please describe.

Click or tap here to enter text.

# what is the timeline of this study? please provide approximate start & end dates.

Click or tap here to enter text.

# is this study attached to another study or activity on the grh site? please describe.

Click or tap here to enter text.

# describe all functions, departments or services (i.e. space, time, staff, equipment) required to support this study and if necessary, how will grh be reimbursed for staff time?

Click or tap here to enter text.

# how will the information from this study be shared with staff at the grh? (e.g. final report, poster presentation)

Click or tap here to enter text.

**Date of Submission:** Click or tap to enter a date.
Please save the document and submit as an attachment addressed to grhresearch@ahs.ca. Please be sure to include “Intent to Conduct Research” in the subject line of your email. You will be contacted by the GRH Research Office when the Intent to Conduct Research has been accepted and to submit an Application for Operational Approval through NACTRC.

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| **Date Received by GRH RSO:** (To be completed by Glenrose Research Office) |
| **GRH Program Manager to Review** | **Signature**  | **Date**  |
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