

# Department of Obstetrics, Gynecology and Newborn Care

## **Policy and Procedure**

## **Approval for Conduct of Prospective Clinical Research**

NO.:		DATE ISSUED:	June 20, 2013
SOURCE:	OURCE: Clinical Research Committee Department of Obstetrics, Gynecology and Newborn Care		August 8, 2018
SECTION:	Research  Clinical Research Committee Department of Obstetrics, Gynecology and Newborn Care; Department of Obstetrics, Gynecology and Newborn Care Executive Committee		
APPROVED BY:			

#### 1. POLICY STATEMENT

To ensure that the safety and well-being of our patients is respected and that the research conducted in the department is in accordance with the vision of the hospital, department and all applicable regulatory requirements, any research conducted within the Department of Obstetrics, Gynecology and Newborn Care (Department) that involves prospective recruitment of a patient (including the newborn) shall be reviewed and approved by the Clinical Research Committee (CRC) for the Department prior to implementation.

#### 2. **DEFINITION**

- Department Department of Obstetrics, Gynecology and Newborn Care
- Chief Chief of the Department of Obstetrics, Gynecology and Newborn Care
- CRC Clinical Research Committee, Department of Obstetrics, Gynecology and Newborn Care

#### 3. PROCEDURE

- A. The Principal Investigator of a clinical study which requires recruitment of a patient within the Department will submit the study protocol/proposal, informed consent form and a completed Impact Assessment Form (Appendix A) for review and approval by the CRC. Approval must be obtained from the CRC as part of the submission to the Ottawa Health Sciences Research Ethics Board (OHSN-REB), or funding agency for potential funding (whichever occurs first).
- B. A member of the Department shall be identified as a Principal or Co-investigator on the OHSN-REB of any research project being conducted in the Department. In circumstances where a Department member is not the Principal Investigator or a Co-Investigator, the CRC for the Department may assist to identify an appropriate Co-Investigator from the Department to collaborate and assist with the project.
- C. Upon review and approval of the project by the CRC, the Chief listed on the OHSN-REB application form, will be the Chief of the Department, as applicable by OHREB guidelines, and signature will be obtained through the CRC.
- D. When prospectively recruiting research only impacts the NICU or Rich Little Unit, the Chief of Neonatology may sign in place of the Chief of the Department. Projects where both Obstetrics and Neonatology are impacted will undergo review and approval by both the Chief of the Department and the Chief of Neonatology.

#### 4. RELATED POLICIES AND/OR LEGISLATIONS

- 1. <a href="http://ichgcp.net/clarification-of-certain-investigator-responsibilities">http://ichgcp.net/clarification-of-certain-investigator-responsibilities</a>
- 2. http://www.ohri.ca/ohsn-reb/default.asp

## Department of Obstetrics, Gynecology and Newborn Care Impact Assessment

			Imp	act Assess	ment	
Date:						
Study 7	Γitl∈	<b>:</b> :				
Princip	al Iı	nvestigator:				
Co-Inve	esti	gator(s):				
Funded	l by	:				
	-	Coordinator:				
1.	То	tal Sample Size at	TOH		ample Size	
		Multicentre		Sin	igle Site	
2.	Dι	ıration of the stud	ly (moths/year	s)		
	,	Anticipated Start o	date		End date	
3.	Id	entify all units who	ere recruitmen	t, data coll	ection, study visits w	ill occur:
	a)	Civic	Total numbe	er of partici	pants anticipated	
		Birthing Unit	OBS Clinic		High Risk Clinic	SPU Clinic
		Ultrasound	Mother Baby U		SCN	Gynecology
	b)	General	Total numbe	er of partici	pants anticipated	
		Birthing Unit	OBS Clinic	;	High Risk Clinic	SPU Clinic
		Ultrasound	Mother B	aby Unit	NICU	Gynecology
	c)	Riverside	Total numbe	er of partici	pants anticipated	
		SGWHC	Operating	g Room		

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4.		Identify resource requirements		
	a)	Space – List		
	b)	Equipment – List		
	c)	Staff – if yes,	Yes	No
		i. Nursing ii. Clerical		
		iii. Other Health Care Provider		List all:
	d)	List the study procedures on the unit th (i.e. consenting, draw of study specime		•
	e)	List the study procedures on the unit the health care providers on the unit.	at will	be conducted by the clinical staff or
	f)	What training or education to the clinical done to implement the protocol?	al staff	or health care providers will be
	g)	How will the proposed teaching be proposed providers?	vided to	o the clinical staff or health care

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	h)	Estimate the number of Departmental resources hours/minutes per patient/sample size required		
	i)	Describe the study population e.g. preterm infar	nts	
5.		A copy of the Protocol submitted to OHSN-REB fo	or review is attached	
6.		A copy of the ICF submitted to OHSN-REB for revi	iew is attached	
7.		A copy of the nursing impact form signed by all clinical managers of units where study activities occur, include consenting and all study procedures is attached		
		it all final documents pending approval from REB upon rece approval.	ipt. These documents are required for	
Additio	onal	comments:		
Reviev	ved	by:		
Clinica Depart The Ot	l Re tme ttaw	icks White search Program Manager nt of Obstetrics, Gynecology and Newborn Care ra Hospital ospital Research Institute	Date	
Appro	ved	by:		
Directo	or, N	nambault Maternal Newborn Services va Hospital	Date	