

# Hospital Departmental Impact & Information Form

Please complete this form for Hospital-based Research. Researchers are to complete this form IF they checked "YES" to Question 1.6 in the TRAQ DSS FORM. Check out "Tips Sheet for Completing TRAQ DSS FORM for Hospital-based Research" to confirm whether your project is considered Hospital-based Research".

Information from this form will provide hospital departments the information they need to determine if they can support the study and to ensure smooth and efficient implementation of your research project.

Please attach this form along with your research study proposal/protocol/summary and budget/budget justification (if applicable) to the TRAQ DSS FORM under "Attachments". Draft versions of the documents are acceptable. All of these documents are required before any Hospital Operational Director(s)/Research Director(s) can approve a TRAQ DSS FORM. Check out "Tips Sheet for

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Will you verify each hospital inpatients' and/or outpatients' Z records to confirm that

Will you approach hospital inpatients and/or outpatients about their potential participation in

Yes  No  Not applicable

If you answered "YES" Question /, please identify all individuals who will approach potential hospital inpatients and/or outpatients about their participation in the research project.

Specify the exact hospital resources (staff, equipment, supplies, space, medications, procedures/testing, etc.) needed beyond usual care currently being provided to patients if applicable.

If not applicable, please check that apply:

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d. Please provide any additional information

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