Kingston Health Sciences Centre Pharmacy Services
Investigational Drug Service (IDS)
COST ESTIMATE REQUEST FORM
Version 0 D \ 20

Please complete the KHSC Pharmacy Services Study Request Form and ATTACH the Form to your TRAQ DSS FORM prior to submission. If you forgot to attach the Form to your TRAQ DSS FORM prior to submission, please send it along separately with a copy of your study protocol/proposal and pharmacy manual/investigational brochure/product monograph (if applicable) to:

Investigational Drug Service
kghphids@KingstonHSC.ca or 613-548-1386 (fax)

Contact Information:

		TELEPHONE:	
EMAIL:		FAX:	

Study Title:

1. Do you need KHSC IDS to supply/purchase/receive the clinical trial medication(s)?
   ◯ Yes ◯ No

   If No, who will be supplying the medication(s)?

2. Do you need KHSC IDS to mix, label or manipulate the clinical trial medication(s) in any way?
   ◯ Yes ◯ No

IF YOU ANSWERED NO TO #1 AND #2 STOP HERE

IF YOU ANSWERED YES TO #1 AND/OR #2 PLEASE CONTINUE ANSWERING THE QUESTIONS ON THE FORM BELOW


Kingston Health
Sciences Centre
Centre des sciences de
la santé de Kingston
Hôtel-Dieu
Hospital
KGH
Hôpital Général de
Kingston General
Hospital

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Delivery:

Kingston Health Sciences Centre Pharmacy Ser

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Monitoring :

◯ Investigator will monitor IDS function directly without outside monitoring

◯ Sponsor will not monitor IDS function

◯ Sponsor will monitor IDS function

MONITORING COMPANIES NAME/DIVISION: _____

MONITOR'S NAME: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

Number of outside monitoring visits expected each year _____

Training :

Are there specific training requirements for pharmacy staff? ◯ Yes ◯ No

If YES, please specify:

_____

NOTE 1: Invoices will be mailed to the Principal Investigator by the KHSC Finance Department within 45 days of inception and with each fiscal quarter there after. IDS fee for service guide is updated yearly. All IDS staff are certified in Division 5 and GCP. Signed curriculum vitae for staff available upon request.

NOTE 2: IDS will not provide services until the signed cost estimate and HSREB/OCREB/CTO ethical clearance letter have been received.

NOTE 3: When you are ready to initiate the study, please notify IDS. Please give sufficient notice (2 weeks) to IDS prior to the first research participant being enrolled into the Study.

Thank you.