

**Clinical Trial Services**

**Intake Form – REDCap services, non-regulated project**

Clinical Trial Services (CTS) is the central administrator for REDcap at Sunnybrook Research Institute. A CTS intake form is required for every project requiring intake services or access to determine the project requirements and associated costs.

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| **PROJECT TITLE** |  |
| **Date of Form Completion**  | YYYY-MMM-DD |

**Please complete the information below and submit to** **CTS@sunnybrook.ca****.**

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| **CONTACT INFORMATION** |
|  | **Name** | **Sunnybrook/SRI email** | **Contact Phone** |
| Principal Investigator |  | [ ] MD [ ] PhD [ ] PharmD[ ] Other: |  |  |
| Coordinator |  |  |  |
| Other:  |  |  |  |
| **STAGE OF THE PROJECT** |
| [ ]  Project development (prior to grant submission and finalization/writing of project protocol) *Please attach draft protocol (if available) and any other supporting documents*  |
| [ ]  Funding awarded  *Please attach protocol or grant application/proposal* | Amount awarded: Co-applicants (if applicable): Funding Source:  |
| **REB APPRROVAL STATUS** |
| Is REB approval required for this project?[ ]  Yes [ ]  No | If Yes:Status:[ ]  Submitted [ ]  In review [ ]  Approved |
| If No: Provide evidence that REB approval is not required (e.g. ERSAT tool, letter from REB Chair/office) |
| **PARTICIPATING CENTRES** |
| [ ]  Single centre[ ]  Multi-centre  | Multi-centre |
| Total number of sites: International sites: No [ ]  Yes [ ]  🡪 If yes, number of international sites:       |
| **PROJECT DETAILS** |
| Project Population: |
| Has the sample size been calculated? No [ ]  Yes [ ]  | 🡪 If yes, estimated sample size:  |
| Project objectives:  |
| Project duration (accrual period plus follow up phase):  |
| **REDCap REQUIREMENTS** [ ]  Not applicable |
| Do you require randomization? No [ ]  Yes [ ]  | 🡪 If yes, please list the stratification details: |
| Are you requesting for CTS to do the programming? No [ ]  Yes [ ]  Unsure [ ]  | 🡪 If no, REDCap training is required to be completed and submitted to CTS prior to granting system access. 🡪 If yes or unsure, CTS will arrange a meeting with you and your team. Please provide us a copy of your data collection forms and/or your data dictionary. |
| Will de-identified images or large files be uploaded into REDCap?No [ ]  Yes [ ]  Unsure [ ]  | 🡪 If yes , Estimated number of files:Estimated size of each file (please specify the unit): |
| Are you requesting to link REDCap to any other NON-CLINICAL system?No [ ]  Yes [ ]  Unsure [ ] *(Please note that REDCap cannot be linked to any clinical databases)* | 🡪 If yes , please provide details on what will be linked and how you will transfer the data: |
| How many data collections forms will be required for this project?Estimated number of variables/questions and sub-questions in each form:Will you require participant-administered questionnaires/forms?No [ ]  Yes [ ]  Unsure [ ]  |
| **IMPORTANT:** Direct identifiers, including but not limited to, name, address, phone number, email addresses, MRN, OHIP, etc., ARE **NOT** PERMITTED to be entered into REDCap. CTS regularly reviews REDCap and will inactivate any projects that include these fields. |
| **ADDITIONAL INFORMATION** |
| Please provide any additional information or comments that should be considered in the assessment of your project. |

**For CTS use:**

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| Completed by: | Date (yyyy-mmm-dd): |
| Comments / Notes: |