

**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**](mailto: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: | |