## Cairns Hospital - Sexual Health

Location:

-16.9124 - 145.76831

Local Services Offered:

Clinical trials site;Investigator Initiated Trials;Satellite Site;Trial Patient Recruitment;Treatment of patients;Completion of study documentation as per ICH GCP and contract

Details: In addition to the information contained within csv generated by this website, this PDF provides additional site information

| Yes |
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|     |
| Yes |
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| Yes |
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| Yes |
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|     |
| 214 |
| Yes |
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|     |

| Is your Facility capable of         | Yes               |
|-------------------------------------|-------------------|
| administering infusions?            |                   |
| What browser does your facility     | Internet Explorer |
| use?                                |                   |
| Does the Facility have access to    | Yes               |
| local IT support?                   |                   |
| Does your Facility limit or         | Yes               |
| prohibit access and use of external |                   |
| web-based tools or sites for        |                   |
| clinical research (E.g. web portals |                   |
| to submit documents to sponsors     |                   |
| or CROs)?                           |                   |
| ,                                   |                   |
| Does your Facility have the ability | Yes               |
| to manage on-site or off-site       |                   |
| destruction of the Investigational  |                   |
| Product?                            |                   |
| Other facility details              | Yes               |
| Do you have Affiliated Research     | Townsville        |
| Sites or Satellite Sites/Clinics?   | Townsvine         |
| sites of satellite sites, elimes.   |                   |
| Does your Facility have patient     | Yes               |
| record archiving on-site?           |                   |
| Provide Location name and           | Yes               |
| address of any offsite archives.    |                   |
| Can your Facility support in-       | Yes               |
| patient admissions for research     |                   |
| studies?                            |                   |
| Does your Facility have the ability | No                |
| to collect and store PK/PD          |                   |
| specimens?                          |                   |
| Facility written sop during         | Yes               |
| transportation to satellite site    |                   |
| Does your Facility have an SOP or   | Vas               |
| process that ensures routine        | 165               |
| calibration and maintenance of      |                   |
| general equipment? Examples of      |                   |
| general equipment include: scale,   |                   |
| pulse oximeter, stadiometer,        |                   |
| -                                   |                   |
| sphygmomanometer, etc.?             |                   |
|                                     |                   |
| D                                   | V                 |
| Does your Facility have the ability | res               |
| to collect PK/PD samples beyond     |                   |
| normal business hours?              |                   |
|                                     |                   |

| Is your Facility adequately staffed                      | No                                   |
|--|--------------------------------------|
| to support studies with both                             |                                      |
| blinded and unblinded                                    |                                      |
| Investigational Product?                                 |                                      |
| Does the Facility have storage                           | Yes                                  |
| space for Study-Related materials                        |                                      |
| (e.g. Lab Kits, Patient Materials,                       |                                      |
| etc.)?   |                                      |
| Can your Facility support patient                        | Yes                                  |
| visits on weekends?                                      |                                      |
| Does your facility have a written                        | Yes                                  |
| SOP/Policy/Procedure for the                             |                                      |
| destruction of Investigational                           |                                      |
| Product?   |                                      |
| Other Meeting Frequency                                  | Two meetings per week in NMA         |
| Does the course content include                          | Yes                                  |
| GCP?   |                                      |
| Select local Pathology Queensland                        |                                      |
| laboratory   | Pathology Queensland-Cairns Hospital |
| Is your Facility using a local                           | Yes                                  |
|  | l es                                 |
| pathology lab?   | V                                    |
| Do you have Electronic Health                            | Yes                                  |
| Records (EHR)/ Electronic                                |                                      |
| Medical Records (EMR)?                                   |                                      |
| Life Sciences Queensland (LSQ)                           | No                                   |
| Member   |                                      |
| Does your Facility have a written                        | Yes                                  |
| SOP/Policy/Procedure for Minor                           |                                      |
| Assent for paediatric populations?                       |                                      |
|  |                                      |
| Does your Facility have a written                        | Yes                                  |
| SOP/Policy/Procedure for Other                           |                                      |
| vulnerable populations?                                  |                                      |
|  |                                      |
| Please provide program course/s                          | Caledonian; ARCS; Syneos online      |
| name   |                                      |
| IP Recipient Name  | Cairns Hospital Pharmacy             |
| Does the HREC Committee                                  | Yes                                  |
| require payment prior to the                             |                                      |
| release of final approval                                |                                      |
| documents?   |                                      |
| Doog yyaya Equility haya athan                           |                                      |
| Does your rachity have other                             | No                                   |
| Does your Facility have other review boards that need to | No                                   |
| review boards that need to                               | No                                   |
|  | No                                   |

| Does your Facility have access to                                   | Yes   |
|---|---|
| translators and translation support                                 |   |
| for study conduct (e.g. consent,                                    |   |
| study-specific instruction)?  |   |
| study specific instruction).  |   |
| Does your institution and/or local                                  | Yes   |
| regulation mandate the  |   |
| distribution of safety reports e.g.,                                |   |
| Development Safety Update   |   |
| Report (DSUR), Suspected  |   |
| Unexpected Serious Adverse  |   |
| Reaction (SUSAR) to a local   |   |
| review only HREC  |   |
| (IRB/ERB/ETHICS) Committee?   |   |
|   |   |
| Da vess massi 1 C ( 11')  | V   |
| Do you provide your Satellite                                       | Yes   |
| Site(s) with a dedicated inventory                                  |   |
| of Investigational Product?   |   |
| Do you have a process or program                                    | Yes   |
| Do you have a process or program in place to retrain research staff | l es  |
| when a protocol is amended?   |   |
| when a protocor is amended:   |   |
| Does your Facility have a training                                  | Yes   |
| program for the research staff?                                     |   |
| program for the resement starr.                                     |   |
| Training program for the research                                   | Yes   |
| staff   |   |
| Storage Room Backup Power   | Yes   |
| Is the Investigational Product                                      | Yes   |
| Storage Room secured with   |   |
| controlled access?  |   |
| IP Storage Location Name  | Cairns Hospital Pharmacy                          |
| Storage area securely constructed                                   | Yes   |
|   |   |
| Storage Room Temperature Alarm                                      | Yes   |
|   |   |
| Zip/Postal Code   | 4871  |
| What type of computer operating                                     | Windows (Windows XP; Windows 7; Windows           |
| system(s) does your institution use                                 | 10; etc)  |
| to support studies?   |   |
|   |   |
| Other areas of expertise  | Transgender care; HIV screening; Sexual diseases; |
| 1   | ·   |

| Sub-Therapeutic areas                 | Sexual Health Cystitis; Endometriosis; Erectile |
|---------------------------------------|---|
|                                       | Dysfunction;Fertility;Overactive Bladder;       |
|                                       | Herpes,Simplex;HerpesZoster; HMT1; Human        |
|                                       | Papilloma Virus                                 |
| Please indicate all equipment that    | Phone;Copy Machines;Internet Access             |
| will be available to Monitors         |   |
|                                       |   |
| Has your Clinical Trial Site been     | Yes   |
| accredited?                           |   |
| If your Clinical Trial Site has been  | Internal  |
| acredited, please select all relevant |   |
| Has your Clinical Trial site been     | Yes   |
| audited?                              |   |
| If your Clinical Trial Site has been  | CRO   |
| audited, please select all relevant   |   |
| types.                                |   |
| Does your Clinical Trial site         | Yes   |
| undertake any patient recruitment?    |   |
|                                       |   |