Cholesterol Care Australia

Location:

-27.48732719325615, 153.02907616136238

Local Services Offered:

Clinical trials site, Investigator Initiated Trials, 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

| Life Sciences Queensland (LSQ) Member | No |
|--|----------------------------|
| Facility Department | Medicine |
| Other areas of expertise | Lipidology |
| Does your Clinical Trial Site have the capacity to conduct Clinical Trials involving GMOs? | No |
| Is your Facility affiliated with a government agency or part of a government funded health service? | No |
| Does your Facility perform HREC (IRB/ERB/Ethics) Committee submissions? | Yes |
| Does your Facility have a dedicated department or group to perform HREC (IRB/ERB/ETHICS) Committee submissions? | Yes |
| Department contact name | Azette Rafei |
| Department phone number | 32173098 |
| Department email address | arafei@cholesterolcare.net |
| Any Additional Process | No |
| Does your Clinical Trial site or Service undertake any recruitment? | Yes |
| What percentage of Clinical trials undertaken on your site do you meet or exceed the recruitment target? | 99% |
| Has your Clinical Trial site been audited? | Yes |
| Audit Type | Sponsor, Other |
| If you selected Other types of Audit, please list here | Ethics committee |
| Has your Clinical Trial Site or Service been accredited? | Not applicable |
| HREC Committee Name | Bellberry Limited |
| Does the HREC Committee require payment prior to the release of final approval documents? | No |

| | N.Y. |
|--|----------------|
| Does the HREC require contract/budget | No |
| approval prior to release of final approval | |
| documents? | |
| Does your Facility have other review boards | No |
| that need to approve the study prior to | |
| HREC (IRB/ERB/Ethics) Committee | |
| submission? For example, scientific, | |
| radiation safety committees, or others | |
| | |
| Local Lab Usage | No |
| Does your Facility use private laboratory | Yes |
| services? | |
| Does your Facility have a written | Yes |
| SOP/Policy/Procedure for Informed | |
| Consent? | |
| Does your Facility have a written | Νο |
| SOP/Policy/Procedure for Other vulnerable | |
| | |
| populations? | x7 |
| Does your Facility have a written | Yes |
| SOP/Policy/Procedure for Minor Assent for | |
| paediatric populations? | |
| 5 5 | No |
| and translation support for study conduct | |
| (e.g. consent, study-specific instruction)? | |
| | |
| Does the study staff that prepares or | Yes |
| transports dangerous goods have training | |
| that meets the IATA International Air | |
| Transport Association (US) or other | |
| countries hazardous training requirements | |
| for shipping dangerous goods? | |
| Does the course content include GCP? | Yes |
| Do you have a process or program in place | Yes |
| to retrain research staff when a protocol is | |
| amended? | |
| | V ₋ |
| Does your Facility have a training program | Yes |
| for the research staff? | × 7 |
| Can your Facility support patient visits on | Yes |
| weekends? | |
| Can your Facility support in-patient | Not Applicable |
| admissions for research studies? | |
| Is your Facility adequately staffed to support | No |
| studies with both blinded and unblinded | |
| Investigational Product? | |
| <u>L</u> | |

| | x / |
|--|---------------------------------|
| Does the Facility have storage space for | Yes |
| Study-Related materials (e.g. Lab Kits, | |
| Patient Materials, etc.)? | |
| Does your Facility have the ability to collect | Yes |
| and store PK/PD specimens? | |
| Does your Facility have the ability to collect | Yes |
| PK/PD samples beyond normal business | |
| hours? | |
| Does your Facility typically allow the | Yes |
| collection of Pharmacogenomic (PGX) | |
| samples for research purposes? | |
| Additional equipment | Ultrasound |
| Does your Facility have an SOP or process | Yes |
| that ensures routine calibration and | |
| maintenance of general equipment? | |
| Examples of general equipment include: | |
| scale, pulse oximeter, stadiometer, | |
| sphygmomanometer, etc.? | |
| | |
| Does your Facility have the necessary | Yes |
| equipment to treat medical emergencies (for | |
| example crash/code cart)? | |
| Does your Facility have computers that are | Yes |
| dedicated to research studies? | |
| What type of computer operating system(s) | Windows (Windows XP, Windows 7, |
| does your institution use to support studies? | Windows 10, etc) |
| | |
| What browser does your facility use? | Internet Explorer |
| Does your Facility limit or prohibit access | No |
| and use of external web-based tools or sites | |
| for clinical research (E.g. web portals to | |
| submit documents to sponsors or CROs)? | |
| | |
| Does the Facility have access to local IT | Yes |
| support? | |
| IP Recipient Name | Cholesterol Care (onsite) |
| Is the Investigational Product Storage Room | Yes |
| secured with controlled access? | |
| Do you have the ability to generate a | Yes |
| | 105 |
| temperature monitoring log for this | |
| Investigational Product Storage Room? | N |
| Storage Room Backup Power | No |
| Does your Facility have the ability to | Yes |
| manage on-site or off-site destruction of the | |
| Investigational Product? | |

| |
|-------------------------------------|
| Yes |
| |
| |
| Not Applicable |
| |
| |
| Not Applicable |
| No |
| |
| Not Applicable |
| |
| |
| Yes |
| No |
| |
| |
| N/A |
| N/A |
| |
| |
| Phone, Fax, Copy Machines, Internet |
| Access |
| |