# Proserpine Hospital

Local Services Offered:
Clinical trials site,Trial Patient Recruitment, Treatment of patients, Completion of study documentation as per ICH GCP
Details: This PDF complements the information found in the CSV generated by this website with additional site information.

| **Facility Details:** | |
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| Please provide your Facility Website. | https://www.mackay.health.qld.gov.au/your-hospitals/proserpine-hospital/ |
| What Department is your Trial Site? (**Queensland Health HHS**- *See List of Services and Levels-Clinical Services Capability Framework* ) | Medical Services |
| Is your Facility affiliated with a government agency or part of a government funded health service? | Yes |
| Is your facility/organisation a Life Sciences Queensland (LSQ) Member? | No |
| Please provide other areas of expertise for your Facility. | Telehealth |
| Does your Clinical Trial site undertake any patient recruitment? | Yes |
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| **IRB/ERB/Ethics Committee:** | |
| Does your Facility perform HREC (IRB/ERB/Ethics) Committee submissions? | No |
| Does your Facility have a dedicated department or group to perform HREC (IRB/ERB/ETHICS) Committee submissions? | No |
| What is the meeting frequency of your Local IRB/ERB/Ethics Committee? | Two meetings per week in NMA |
| Does the HREC Committee require payment prior to the release of final approval documents? | Yes |
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| **Consent:** | |
| Does your Facility have a written SOP/Policy/Procedure for Informed Consent? | Yes |

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| Does your Facility have a written SOP/Policy/Procedure for Minor Assent for paediatric populations? | Yes |
| Does your Facility have a written SOP/Policy/Procedure for Other vulnerable populations? | Yes |
| Does your Facility have access to translators and translation support for study conduct (e.g. consent, study-specific instruction)? | Yes |
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## Training:

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| Does your Facility have a training program for the research staff? | Yes |
| Does your Facility training course content include GCP? | Yes |
| If your facility uses external program course/s. Please provide the program course/s name. | Caledonian; ARCS; Syneos online |
| Do you have a process or program in place to retrain research staff when a protocol is amended? | Yes |
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## Facility And Equipment:

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| **Facility Capabilities:** | |
| Can your Facility support in-patient admissions for research studies? | No |
| Can your Facility support patient visits on weekends? | No |
| Is your Facility capable of administering infusions? | Yes |
| Does your Facility have the ability to collect and store PK/PD specimens? | Yes |
| Does your Facility have the ability to collect PK/PD samples beyond normal business hours? | Yes |
| Does your Facility typically allow the collection of Pharmacogenomic (PGX) samples for research purposes? | No |
| Is your Facility adequately staffed to support studies with both blinded and unblinded Investigational Product? | Yes |
| Does the Facility have storage space for Study-Related materials (e.g. Lab Kits, Patient Materials, etc.)? | Yes |

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| **Equipment:** | |
| Does your Facility have an SOP or process that ensures routine calibration and maintenance of general equipment? Examples of general equipment include: scale, pulse oximeter, stadiometer, sphygmomanometer, etc.? | Yes |
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| **IT Capabilities:** | |
| Does your Facility have computers that are dedicated to research studies? | No |
| What type of computer operating system(s) does your institution use to support studies? | Windows (Windows XP; Windows 7; Windows 10; etc) |
| What browser does your facility use? | Edge |
| Does the Facility have access to local IT support? | Yes |
| Does your Facility limit or 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)? | Yes |
| Please indicate all equipment that will be available to Monitors | Phone;Copy Machines;Internet Access |
| | |
| **Labs:** | |
| Is your Facility using a local pathology lab? | Yes |
| Please provide the Local Lab Name. | Pathology Queensland-Mackay |
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| **IP Storage Details:** | |
| IP Recipient Name | Proserpine Hospital Pharmacy |
| Does the Investigational Product Storage Room have back-up power? | Yes |
| Is the Investigational Product Storage Room secured with controlled access? | Yes |
| Does your Facility have the ability to manage on-site or off-site destruction of the Investigational Product? | Yes |
| Does your facility have a written SOP/Policy/Procedure for the destruction of Investigational Product? | Yes |

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| Does your Facility have the ability to manage on-site or off-site destruction of controlled substances when appropriate? | Yes |
| Does the Facility have the ability to handle radio-labelled Investigational Products? | Yes |
| Do you provide your Satellite Site(s) with a dedicated inventory of Investigational Product? | Yes |
| Does your Facility have a written SOP/Policy/Procedure to ensure that Investigational Product is appropriately maintained during transportation to Satellite Site(s)? | Yes |
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| **Source Documents:** | |
| **Electronic Medical Records (EMR) /Electronic Health Records (EHR):** | |
| Do you have Electronic Health Records (EHR)/ Electronic Medical Records (EMR)? | Yes |