Gold Coast Private Hospital

Local Services Offered:

Early Phase, Clinical trials site

Details: This PDF complements the information found in the CSV generated by this website

with additional site information.

| Facility Details: | |
|--|--|
| Please provide your Facility Website. | www.goldcoastprivatehospital.com.au |
| What Department is your Trial Site? (Queensland | Oncology |
| Health HHS- See List of Services and Levels-Clinical | |
| Services Capability Framework) | |
| Please provide other areas of expertise for your Facility. | Endometriosis |
| Do you have Affiliated Research Sites or Satellite | Yes |
| Sites/Clinics? A Satellite Site is a secondary location | |
| where the investigator sees clinical trial subjects. | |
| Usually this is the same investigator who sees subjects | |
| at the primary site location. | |
| Please provide other facility details. | All Healthscope Hospitals across Australia |
| Is your Facility affiliated with a government agency or | No |
| part of a government funded health | |
| service? | |
| Does your Clinical Trial site or Service | Yes |
| undertake any recruitment? | |
| Has your Clinical Trial Site or Service been | Yes |
| accredited? | |
| If your Clinical Trial Site has been accredited, please | NSQHS (National Safety and Quality |
| select all relevant types | Health Service) Standards |
| IRB/ERB/Ethics Committee: | |
| Does your Facility perform HREC | Yes |
| (IRB/ERB/Ethics) Committee submissions? | |
| Does your Facility have a dedicated department or | No |
| group to perform HREC (IRB/ERB/ETHICS) | |
| Committee submissions? | |
| Types of HREC (IRB/ERB/ETHICS) | Sponsor Provided Central |
| Committee that are used | |
| Does your Facility have other review boards that need | |
| to approve the study prior to HREC (IRB/ERB/Ethics) | Yes |
| Committee submission? For example, scientific, | |
| radiation safety committees, or others. | |
| Any Additional Process | No |
| Does the HREC Committee require payment prior to the | No |
| release of final approval documents? | |

| Does your Facility have the ability to collect PK/PD | Yes |
|---|-------------------------------------|
| samples beyond normal business hours? | |
| Does your Facility typically allow the collection of | Yes |
| Pharmacogenomic (PGX) samples | |
| for research purposes? | |
| | |
| Equipment: | |
| Does your Facility have the necessary equipment to | Yes |
| treat medical emergencies (for example crash/code | |
| cart)? | |
| Does your Facility have an SOP or process that ensures | Yes |
| routine calibration and maintenance of general | |
| _ | |
| equipment? Examples of general equipment include: | |
| scale, pulse oximeter, stadiometer, sphygmomanometer, | |
| etc.? | |
| Please list any additional equipment that your Facility | Cardiac Catheter/Hybrid Lab |
| uses for Clinical Trials. | |
| | |
| IT Capabilities: | |
| Does your Facility have computers that are | Yes |
| dedicated to research studies? | |
| What type of computer operating system(s) does your | Windows (Windows XP, Windows 7, |
| institution use to support studies? | Windows |
| What browser does your facility use? | Chrome |
| Does the Facility have access to local IT | Yes |
| support? | |
| Does your Facility limit or prohibit access and use of | No |
| external web-based tools or sites for clinical research | |
| (E.g. web portals to submit documents to sponsors or | |
| CROs)? | |
| Please indicate all equipment that will be | Phone, Fax, Copy Machines, Internet |
| available to Monitors | Access |
| available to Wollitors | Access |
| Labs: | |
| Local Lab Usage | No |
| Does your Facility use private laboratory | Yes |
| services? | 1 65 |
| | Other |
| If you selected 'Yes' on the previous question, please | Other |
| specify here which services | OMI ACI 1C ID I |
| Lab Name | QML, ACL and SydPath |
| TD G: D . B | |
| IP Storage Details: | YING DI |
| IP Recipient Name | HPS Pharmacy-Gold Coast Private |
| | Hospital |
| Is the Investigational Product Storage Room | Yes |
| secured with controlled access? | |
| Does the Investigational Product Storage Room have | Yes |
| Backup Power? | |
| | • |

| Does your Facility have the ability to manage on-site or | Yes |
|--|-----|
| off-site destruction of the Investigational Product? | |
| Do you provide your Satellite Site(s) with a dedicated | Yes |
| inventory of Investigational Product? | |
| Does your Facility have the ability to manage on-site or | Yes |
| off-site destruction of controlled substances when | |
| appropriate? | |
| Does the Facility have the ability to handle radio- | V |
| labelled Investigational Products? | Yes |
| | |
| Electronic Medical Records (EMR) /Electronic | |
| Health Records (EHR): | |
| Do you have Electronic Health Records (EHR)/ | Yes |
| Electronic Medical Records (EMR)? | |