## **Gold Coast University Hospital (GCUH) - Infectious Diseases**

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: 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.goldcoast.health.qld.gov.au/hospitals-and-centres/gold-coast- |
|   | university-hospital   |
| What Department is your Trial Site?     | Medicine  |
| (Queensland Health HHS- See List of     |   |
| Services and Levels-Clinical Services   |   |
| Capability Framework)                   |   |
| Is your Facility affiliated with a      | Yes   |
| government agency or part of a          |   |
| government funded health service?       |   |
| Is your facility/organisation a Life    | No  |
| Sciences Queensland (LSQ) Member?       |   |
| Do you have Affiliated Research Sites   | N/A   |
| or Satellite 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.                  |   |
| Other facility details                  | N/A   |
| Please provide other areas of expertise | Bacterial Infections;Parasitic Diseases                           |
| for your Facility.                      |   |
| Provide the list of Sub-Therapeutic     | Infectious Diseases; Mycoses; Cytomegalovirus;                    |
| Areas for your Facility.                | Hepatitis (A; B; C); Herpes Simplex; Herpes Zoster; HIV           |
|   | – AIDS; HMT1;Human Papilloma Virus; Seasonal                      |
|   | Flu;Vaccines  |
| Does your Clinical Trial site undertake | Yes   |
| any patient recruitment?                |   |
|   |   |
| IRB/ERB/Ethics Committee:               |   |
| Does your Facility perform HREC         | Yes   |
| (IRB/ERB/Ethics) Committee              |   |
| submissions?                            |   |
| Does your Facility have a dedicated     | No  |
| department or group to perform HREC     |   |
| (IRB/ERB/ETHICS) Committee              |   |
| submissions?                            |   |

|   | T                             |
|---|-------------------------------|
|   |                               |
| Types of HREC (IRB/ERB/ETHICS)          | Local;Central Acting as Local |
| Committee that are used                 |                               |
| What is the meeting frequency of your   | Monthly, 2 per week with NMA  |
| Local IRB/ERB/Ethics Committee?         |                               |
|   |                               |
| Does your Facility have other review    | No                            |
| boards that need to approve the study   |                               |
| prior to HREC (IRB/ERB/Ethics)          |                               |
| Committee submission?                   |                               |
| For example, scientific, radiation      |                               |
| safety committees, or others.           |                               |
| Does the HREC Committee require         | Yes                           |
| payment prior to the release of final   |                               |
| approval documents?                     |                               |
| 11                                      |                               |
| Consont                                 |                               |
| Consent:                                | V                             |
| Does your Facility have a written       | Yes                           |
| SOP/Policy/Procedure for Informed       |                               |
| Consent?                                | **                            |
| 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?                 |                               |
| Does your Facility have access to       | Yes                           |
| translators and translation support for |                               |
| study conduct (e.g. consent, study-     |                               |
| specific instruction)?                  |                               |
|   |                               |
| Training:                               |                               |
| Does your Facility have a training      | Yes                           |
| program for the research staff?         |                               |
| Does your Facility training course      | Yes                           |
| content include GCP?                    |                               |
| If your facility uses external program  | IQVIA                         |
| course/s. Please provide the program    | 14                            |
| course/s name.                          |                               |
| Do you have a process or program in     | Yes                           |
| place to retrain research staff when a  |                               |
| protocol is amended?                    |                               |
| protocor is amended:                    |                               |
| D 111                                   |                               |
| Facility And Equipment:                 |                               |
| Facility Capabilities:                  |                               |
| Is your Facility capable of             | Yes                           |
| administering infusions?                |                               |

| Can your Facility support in- patient    | Yes  |
|--|--|
| admissions for research studies?         |  |
| Can your Facility support patient        | Yes  |
| visits on weekends?                      |  |
| Does your Facility have the ability to   | Yes  |
| collect and store                        |  |
| PK/PD specimens?                         |  |
| Does your Facility have the ability to   | Yes  |
| collect PK/PD samples beyond normal      |  |
| business hours?                          |  |
| Does your Facility typically allow the   | Yes  |
| collection of Pharmacogenomic (PGX)      |  |
| samples for research purposes?           |  |
| Is your Facility adequately staffed to   | Yes  |
| support studies with both blinded and    |  |
| unblinded Investigational Product?       |  |
| Does the Facility have storage space     | Yes  |
| for Study-Related materials (e.g. Lab    |  |
| Kits, Patient Materials, etc.)?          |  |
| ,  |  |
| <b>Equipment:</b>                        |  |
| Does your Facility have the necessary    | Yes  |
| equipment to treat medical               |  |
| emergencies (for example crash/code      |  |
| cart)?                                   |  |
| Does your Facility have an SOP or        | Yes  |
| process that ensures routine calibration |  |
| and maintenance of general               |  |
| equipment? Examples of general           |  |
| equipment include: scale, pulse          |  |
| oximeter, stadiometer,                   |  |
| sphygmomanometer, etc.?                  |  |
| Please list any additional equipment.    | Ultrasounds, PSMA-PET, FET PET                   |
| 7 1 1                                    | ,  |
| IT Capabilities:                         |  |
| Does your Facility have computers that   | Yes  |
| are dedicated to                         |  |
| research studies?                        |  |
| What type of computer operating          | Windows (Windows XP; Windows 7; Windows 10; etc) |
| system(s) does your institution use to   |  |
| support studies?                         |  |
| What browser does your facility          | Edge   |
| use?                                     |  |
| Does the Facility have access to         | Yes  |
| local IT support?                        |  |
| nocai i i support:                       |  |

| Does your Facility limit or prohibit       | Yes, CRA have read-only access          |
|--|---|
| access and use of external web-based       |   |
| tools or sites for clinical research (E.g. |   |
| web portals to submit documents to         |   |
| I -  |   |
| sponsors or CROs)?                         |   |
| Please indicate all equipment that will    | Phone;Copy Machines;Internet Access     |
| be available to Monitors                   |   |
|  |   |
| Labs:                                      |   |
|  | Yes                                     |
| Does your Facility use a local lab?        |   |
| Please provide the local lab details.      | Pathology Queensland-Gold Coast         |
| Does your Facility use a private lab       | Yes                                     |
| service?                                   |   |
| Please provide the private lab details.    | SNP, QML                                |
|  |   |
| IP Storage Details:                        |   |
| IP Recipient Name                          | Gold Coast University Hospital Pharmacy |
| Is the Investigational Product Storage     | Yes                                     |
| Room secured with                          | 1 65                                    |
|  |   |
| controlled access?                         |   |
| Does the Investigational Product           | Yes                                     |
| Storage Room have Backup Power?            |   |
| Does your facility have a written          | Yes                                     |
| SOP/Policy/Procedure for the               |   |
| destruction of Investigational Product?    |   |
| destruction of investigational floudet!    |   |
| Dog the Facility have the stations         | Yes                                     |
| Does the Facility have the ability to      | I es                                    |
| handle radio-labelled Investigational      |   |
| Products?                                  |   |
| Does your Facility have the ability to     | Yes                                     |
| manage on-site or off- site destruction    |   |
| of controlled substances when              |   |
| appropriate?                               |   |
| Do you provide your Satellite Site(s)      | Yes                                     |
|  | 1 65                                    |
| with a dedicated inventory of              |   |
| Investigational Product?                   |   |
| Does your Facility have a written          | N/A                                     |
| SOP/Policy/Procedure to ensure that        |   |
| Investigational Product is appropriately   |   |
| maintained during transportation to        |   |
| Satellite Site(s)?                         |   |
| Satellite Site(s):                         |   |
| Course Doorse ander                        |   |
| Source Documents:                          |   |
| Does your Facility have patient record     | Yes                                     |
| archiving on-site?                         |   |
| Provide Location name and address of       |   |
| any offsite archives.                      | Grace                                   |
|  |   |

| What Electronic Data Capture (EDC)                                 | Oracle Inform;Medidate Rave;Oracle Remote Data            |  |
|--|---|--|
| systems has your Facility used for                                 | Capture (RDC); Auslab                                     |  |
| clinical trials?   |   |  |
| Please provide other EDC Systems.                                  | iMedidata; RedCap; IVRS/IWRS                              |  |
|  |   |  |
| Electronic Medical Records (EMR) /Electronic Health Records (EHR): |   |  |
| Do you have Electronic Health                                      | Yes   |  |
| Records (EHR)/ Electronic  |   |  |
| Medical Records (EMR)?   |   |  |
| Please list any access   | Cerner ieMR Solution in use at site; includes             |  |
| limitations/requirements for the                                   | PowerTrials; monitors require login profile to access the |  |
| Electronic Medical Records.  | system. Onboarding of Clinical Informatics Specialist     |  |
|  | (Research) from October 2019.                             |  |