Gold Coast University Hospital - Robina Hospital

Local Services Offered:

Clinical trials site, Trial Patient Recruitment, Treatment of patients, Completion of study document ICH GCP

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

| Facility Details: | |
|---|---|
| Please provide your Facility Website. | https://www.goldcoast.health.qld.gov.au/hospitals-and-centres/robina-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 |
| Do you have Affiliated Research Sites 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. | Yes |
| Please provide other facility details. | Gold Coast University Hospital |
| Please provide other areas of expertise for your Facility. | Telehealth |
| 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 |
| HREC Committee Name. | Gold Coast HHS HREC |
| 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 |

| Consont | |
|---|--------|
| Consent: | |
| 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 translators and | Yes |
| 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 content | Yes |
| include GCP? | |
| If your facility uses external program course/s. | Praxis |
| Please provide the program course/s name. | |
| | |
| Does the study staff that prepares or transports | Yes |
| dangerous goods have training that meets the | |
| IATA International Air Transport Association | |
| (US) or other countries hazardous training | |
| requirements for shipping dangerous goods? | |
| | |
| | |
| Facility And Equipment: | |
| Facility Capabilities: | |
| Can your Facility support in-patient admissions | Yes |
| for research studies? | |
| Can your Facility support patient visits on | Yes |
| weekends? | |
| Is your Facility capable of administering | Yes |
| infusions? | |
| Is your Facility adequately staffed to support | Yes |
| studies with both blinded and | |
| unblinded Investigational Product? | |
| Does your Facility have the ability to collect | Yes |
| and store PK/PD specimens? | |
| <u>-</u> | |

| Does your Facility have the ability to collect | Yes |
|---|--------------------------------------|
| PK/PD samples beyond normal business | 165 |
| hours? | |
| | V |
| Does the Facility have storage space for Study- | Yes |
| Related materials (e.g. Lab Kits, | |
| Patient Materials, etc.)? | |
| | |
| Equipment: | |
| | |
| IT Capabilities: | |
| Does your Facility have computers that | Yes |
| are dedicated to research studies? | |
| What browser does your facility use? | EDGE |
| What type of computer operating system(s) does | Windows |
| your institution use to support studies? | |
| Does the Facility have access to local IT | Yes |
| support? | |
| Does your Facility limit or prohibit access and | Yes |
| use of external web-based tools or sites for | |
| clinical research (E.g. web portals to submit | |
| documents to | |
| sponsors or CROs)? | |
| , | |
| Labor | |
| Labs: | X7 |
| Is your Facility using a local pathology lab? | Yes |
| Please provide the Local Lab Name. | Pathology Queensland-Robina Hospital |
| | |
| IP Storage Details: | |
| IP Recipient Name | Robina Hospital Pharmacy |
| Does the Investigational Product Storage Room | Yes |
| have back-up power? | |
| Is the Investigational Product Storage Room | Yes |
| secured with controlled access? | |
| Is the Investigational Product Storage Area | Yes |
| securely constructed? | |
| Does the Facility have the ability to handle radio- | Yes |
| labelled Investigational Products? | |
| Does your facility have a written | Yes |
| SOP/Policy/Procedure for the destruction of | |
| Investigational Product? | |
| Does your Facility have the ability to manage on- | Yes |
| site or off-site destruction of controlled | |
| substances when appropriate? | |
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| Does your Facility have the ability to manage on- | Yes | |
|--|-----|--|
| site or off-site destruction of the Investigational | | |
| Product? | | |
| Do you provide your Satellite Site(s) with a | Yes | |
| dedicated inventory of Investigational | | |
| Product? | | |
| Does your Facility have a written | Yes | |
| SOP/Policy/Procedure to ensure that | | |
| Investigational Product is appropriately | | |
| maintained during transportation to Satellite | | |
| Site(s)? | | |
| | | |
| Source Documents: | | |
| Does your Facility have patient record | Yes | |
| archiving on-site? | | |
| Does your Facility have secure storage for | Yes | |
| patient records? | | |
| | | |
| Electronic Medical Records (EMR) /Electronic Health Records (EHR): | | |
| Do you have Electronic Health Records (EHR)/ | Yes | |
| Electronic Medical Records (EMR)? | | |
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