Icon Cancer Care -Chermside

Local Services Offered:

Early Phase; Clinical trials site; 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.iconcancercentre.com.au |
| Is your Facility affiliated with a government | No |
| agency or part of a government funded health | |
| service? | |
| Do you have Affiliated Research Sites or | Yes |
| 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. | |
| Please provide other facility details. | Icon Cancer Centres |
| Is your facility/organisation a Life Sciences | Yes |
| Queensland (LSQ) Member? | |
| Has your Clinical Trial Site been | Yes |
| accredited? | |
| If your Clinical Trial Site has been accredited, | ISO; NATA |
| please select all relevant types. | |
| Does your Clinical Trial site undertake | Yes |
| any patient recruitment? | |
| What percentage of Clinical trials undertaken | 90% |
| on your site do you meet or exceed the | |
| recruitment target? | |
| Patient Population Comments | Icon is a network of private cancer treatment |
| | centres and the majority of patients required |
| | private health |
| Additional Address Information | Chermside Medical Complex |

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| Provide the list of Sub-Therapeutic Areas for | Basal Cell Carcinoma;Bladder cancer;Bone |
| your Facility. | Cancer;Brain Cancer;Breast Cancer;Cervical |
| | Cancer;Colorectal Cancer;CRPC;Follicular |
| | Lymphoma; Gastro Intestinal Solid |
| | Tumours;Head and Neck |
| | Cancer; Hepatocellular Carcinoma; Hereditary |
| | Angioedema;HR Prostate |
| | Cancer;Islet Cell Tumours;Liver |
| | Cancer;Lung Cancer;Lymphoma;Malignant |
| | |
| | Pleural Mesothelioma; Melanoma; Multiple |
| | Myeloma;Neuroma;Non- Hodgkin's |
| | Lymphoma;Non Small Cell Lung |
| | Cancer;Ovarian Epithelial |
| | Carcinoma; Pancreatic Cancer; Prostate |
| | Cancer;Renal Cell Carcinoma;Sarcoma;Soft |
| | Tissues Sarcomas; Squamous & Non |
| | Squamous Sarcomas; Thyroid Cancer; Throat |
| | Cancer; Acquired Haemophilia; Acute |
| | Lymphoblastic Leukaemia; Acute |
| | Myelogenous Leukaemia;Chronic |
| | |
| | Lymphocytic |
| | Leukaemia;Chronic Myelogenous |
| | Leukaemia;Lymphocytic leukaemia;Mantle |
| | Cell Lymphoma;Myelodysplastic |
| | Syndrome;Basal Cell Carcinoma;Bladder |
| | cancer;Bone Cancer;Brain Cancer;Breast |
| | Cancer Cervical Cancer Colorectal |
| | |
| IRB/ERB/Ethics Committee: | |
| Does your Facility perform HREC | Yes |
| (IRB/ERB/Ethics) Committee submissions? | |
| Does your Facility have a dedicated department | Yes |
| or group to perform HREC | |
| (IRB/ERB/ETHICS) Committee submissions? | |
| Review Board Name | Bellberry |
| | No |
| Are there any other steps that the Sponsor | INO I |
| should be aware of for your | |
| IRB/ERB/Ethics Committee review and | |
| submission? | |
| | |
| Does the HREC require contract/budget | No |
| approval prior to release of final approval | |
| documents? | |
| Does the HREC Committee require payment | Yes |
| prior to the release of final approval | |
| documents? | |
| documents: | |
| | |
| 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 | Yes |
| and translation support for study conduct (e.g. | |
| consent, study- specific instruction)? | |
| m | |
| 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. | Sponsor training |
| Please provide the program course/s name. | |
| Does the study staff that prepares or transports | Yes |
| Does the study staff that prepares or transports dangerous goods have training that meets the | i es |
| IATA International Air Transport Association | |
| (US) or other countries hazardous training | |
| requirements for shipping dangerous goods? | |
| requirements for shipping dangerous goods: | |
| Do you have a process or program in place to | Yes |
| retrain research staff when a protocol is | |
| amended? | |
| | |
| Facility And Equipment: | |
| Facility Capabilities: | |
| Can your Facility support in-patient admissions | No |
| for research studies? | |
| Can your Facility support patient visits | No |
| on 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 typically allow the | Yes |
| collection of Pharmacogenomic (PGX) samples | |
| for research purposes? | |
| Does your Facility have the ability to | Yes |
| collect and store PK/PD specimens? | |
| | |

| | _ |
|---|-----------------------------------|
| Does your Facility have the ability to collect | Yes |
| PK/PD samples beyond normal | |
| business hours? | |
| Does the Facility have storage space for Study- | Yes |
| Related materials (e.g. Lab Kits, Patient | |
| Materials, etc.)? | |
| . , | |
| Equipment: | |
| Does your Facility have the necessary | Yes |
| equipment to treat medical emergencies (for | |
| example crash/code cart)? | |
| Does your Facility have an SOP or process that | Yes |
| ensures routine calibration and maintenance of | |
| general equipment? Examples of general | |
| equipment include: scale, pulse oximeter, | |
| stadiometer, sphygmomanometer, etc.? | |
| stationicter, spriygmomanometer, etc.: | |
| Please list any additional equipment that your | Ultrasound |
| Facility uses for Clinical Trials. | Oldasoulid |
| racinty uses for Chinical Thats. | |
| | |
| IT Capabilities: | |
| 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? | Chrome |
| Does the Facility have access to local IT | Yes |
| support? | |
| Please indicate all equipment that will | Copy Machines;Internet Access |
| be available to Monitors | |
| | |
| Labs: | |
| Does your Facility use Local Lab Services? | No |
| Does your Facility use private | Yes |
| laboratory services? | |
| If Facility use private laboratory services, | Sullivan and Nicolaides Pathology |
| please provide the details. | |
| Francis fra trade and designation | |
| ID Starage Details: | |
| IP Storage Details: | Discounites Discount on |
| IP Recipient Name | Rivercity Pharmacy |
| Do you provide your Satellite Site(s) with a | Yes |
| dedicated inventory of | |
| Investigational Product? | Y |
| Is the Investigational Product Storage Room | Yes |
| secured with controlled access? | |
| Does the Investigational Product Storage | Yes |
| Room have Backup Power? | |

| Is the Investigational Product Storage area | Yes |
|--|---|
| securely constructed? | |
| Does your Facility have the ability to manage | Yes |
| on-site or off-site destruction of Investigational | |
| Product? | |
| Does your facility have a written | Yes |
| SOP/Policy/Procedure for the destruction of | |
| Investigational Product? | |
| Does the Facility have the ability to handle | No |
| radio-labelled Investigational Products? | |
| Does your Facility have the ability to manage | Yes |
| on-site or off-site destruction of controlled | |
| substances when appropriate? | |
| 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 secure storage for | Yes |
| patient records? | |
| Does your Facility have patient record | No |
| archiving on-site? | |
| Provide Location name and address of | Grace Medical Records 4/20 Sherbrooke |
| any offsite archives. | Willawong |
| What Electronic Data Capture (EDC) systems | Oracle Inform; Medidate Rave; Oracle Remote |
| has your staff used for clinical trials? | Data |
| | |
| Electronic Medical Records (EMR) / Electron | ic Health Records (EHR): |
| Do you have Electronic Health Records (EHR)/ | No |
| Electronic Medical Records | |
| (EMR)? | |
| What EMR/EHR system do you use? | In-house system |
| | |
| | |