

The Prince Charles Hospital - Cardiology Clinical Research Centre

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.

<u>Facility Details:</u>	
Please provide your Facility Website.	https://metronorth.health.qld.gov.au/tpch
What Department is your Trial Site? (Queensland Health HHS- See List of Services and Levels-Clinical Services Capability Framework)	Medical Services-Cardiac
Is your facility/organisation a Life Sciences Queensland (LSQ) Member?	No
Is your Facility affiliated with a government agency or part of a government funded health service?	Yes
Please provide other areas of expertise for your Facility.	(Aortic; Mitral; Tricuspid Valves) LAA Occluders; Structural Heart
Provide the list of Sub-Therapeutic Areas for your Facility.	Cardiology; Heart failure; ACS; EP; Transcather Implantation; Adult Coronary Syndrome; Aortic; Artero;Atherosclerosis; Anaemia; Anaemic Infarcts; Angina; Atrial Fibrillation; Atypical Haemolytic; Uremic Syndrome; Brain Ischemia; Chronic Heart Failure; Congestive Heart Failure; Coronary Artery Disease; Hypotension; Ischemic Heart Disease; Mitral Valve Prolapse; Phlebitis; Pericarditis; Stroke; Thromboembolic Disease; Vascular Disease; Venous Thromboembolism
Does your Clinical Trial site undertake any patient recruitment?	Yes
<u>IRB/ERB/Ethics Committee:</u>	
Does your Facility perform HREC (IRB/ERB/Ethics) Committee submissions?	Yes

Does your Facility have a dedicated department or group to perform HREC (IRB/ERB/ETHICS) Committee submissions?	Yes
HREC Committee Name	Metro North HHS HREC
What is the meeting frequency of your Local IRB/ERB/Ethics Committee?	2 per week with NMA
Does the HREC Committee require payment prior to the release of final approval documents?	Yes
Does the HREC require contract/budget approval prior to release of final approval documents?	Yes
<u>Consent:</u>	
Does your Facility have a written SOP/Policy/Procedure for Informed Consent?	Yes
Does your Facility have a written SOP/Policy/Procedure for Minor Assent for paediatric populations?	No
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
<u>Training:</u>	
Does your Facility have a training program for the research staff?	Yes
Does your Facility training course content include GCP?	Yes
Do you have a process or program in place to retrain research staff when a protocol is amended?	Yes
Does the study staff that prepares or transports dangerous goods have training that meets the IATA International Air Transport Association (US) or other countries hazardous training requirements for shipping dangerous goods?	Yes
<u>Facility And Equipment:</u>	
<u>Facility Capabilities:</u>	

Can your Facility support in- patient admissions for research studies?	Yes
Is your Facility capable of administering infusions?	Yes
Can your Facility support patient visits on weekends?	No
Is your Facility adequately staffed to support studies with both blinded and unblinded Investigational Product?	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?	Yes
Does the Facility have storage space for Study-Related materials (e.g. Lab Kits, Patient Materials, etc.)?	Yes
<u>Equipment:</u>	
Does your Facility have the necessary equipment to treat medical emergencies (for example crash/code cart)?	Yes
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
Please list any additional equipment that your Facility uses for Clinical Trials.	Ultrasound, CT Scan, Cardiac MRI Scan Radiology (Xray), Transthoracic and Transoesophageal Echocardiogram, Holter Monitor Cardiopulmonary Pulmonary Exercise Test, 6 Minute Walk Test, Respiratory Investigations
<u>IT Capabilities:</u>	
Does your Facility have computers that are dedicated to research studies?	Yes
What browser does your facility use?	EDGE and Chrome
What type of computer operating system(s) does your institution use to support studies?	Windows 11
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
<u>Labs:</u>	
Is your Facility using a local pathology lab?	Yes
Please provide the Local Lab Name.	Pathology Queensland-TPCH
<u>IP Storage Details:</u>	
IP Recipient Name	The Prince Charles Hospital Pharmacy
Does the Investigational Product Storage Room have back-up power?	Yes
Is the Investigational Product Storage Room secured with controlled access?	Yes
Is the Investigational Product Storage Area securely constructed?	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
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?	No
Do you provide your Satellite Site(s) with a dedicated inventory of Investigational Product?	Yes
<u>Source Documents:</u>	
Does your Facility have patient record archiving on-site?	Yes
Does your Facility have secure storage for patient records?	Yes
<u>Electronic Medical Records (EMR) /Electronic Health Records (EHR):</u>	
Do you have Electronic Health Records (EHR)/ Electronic Medical Records (EMR)?	No

What EMR/EHR system does your Facility use?	N/A
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