The Prince Charles Hospital- Thoracic Research

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.	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
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
Provide the list of Sub-Therapeutic Areas for your Facility.	Thoracic Medicine; Respiratory; Allergic Rhinitis; Asthma; Chronic Bronchitis; Chronic Obstructive Pulmonary Disease; Cystic fibrosis; Emphysema; Idiopathic Pulmonary Fibrosis; Pneumonia; Pulmonary Arterial Hypertension; Pulmonary Oedema; Sinusitis; Pulmonary Embolism
Does your Clinical Trial site undertake any patient recruitment?	Yes
IRB/ERB/Ethics Committee:	
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
Consent:	
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)?	No
Troining.	
Training: 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
Facility And Equipment:	
Facility Capabilities:	
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 Yes store PK/PD specimens? Does your Facility typically allow the collection of Pharmacogenomic (PGX) samples for research purposes? Does the Facility have storage space for Study- Related materials (e.g. Lab Kits, Patient Materials, etc.)? Equipment: Does your Facility have atorage space for study- Related materials (e.g. Lab Kits, Patient Materials, etc.)? Equipment: Does your Facility have the necessary equipment to treat medical emergencies (for example erash/code cart)? 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, sphygmonanometer, etc.? What browser does your facility uses What browser does your facility use? What trowser does your facility use? Does your Facility have access to local IT support? Does your Facility have access to local IT support? Please indicate all equipment that will be available to Monitors Labs: Is your Facility using a local pathology lab? Please provide the Local Lab Name. Pathology Queensland-TPCH Please provide the Local Lab Name. Pathology Queensland-TPCH Please provide the Local Lab Name. Pathology Queensland-TPCH		I 1
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IP Recipient Name	The Prince Charles 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 your Facility have the ability to manage on-	Yes	
site or off-site destruction of the Investigational		
Product?		
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?		
Does the Facility have the ability to handle radio-	No	
labelled Investigational Products?		
Do you provide your Satellite Site(s) with a	Yes	
dedicated inventory of Investigational Product?		
Source Documents:		
Does your Facility have patient record archiving	Yes	
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)?		
What EMR/EHR system does your Facility use?	In-house system	