## **Redcliffe Hospital - Oncology**

Local Services Offered:

Clinical trials 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/redcliffe/   |
| What Department is your Trial Site?<br>(Queensland Health HHS- See List of<br>Services and Levels-Clinical Services  | Medical Services  |
| Is your Facility affiliated with a government agency or part of a government funded health service?  | Yes   |
| Do you have Affiliated Research Sites or<br>Satellite Sites/Clinics? A Satellite Site is a<br>secondary location where the investigator<br>sees clinical trial subjects. Usually this is the<br>same investigator who sees subjects at the<br>primary site location. | N/A   |
| Is your facility/organisation a Life Sciences<br>Queensland (LSQ) Member?  | No  |
| Please provide other areas of expertise for your Facility.   | Lung; Prostate; Breast; Melanoma and<br>Bowel.; Soft Tissues Sarcomas; Ovarian<br>Cancer  |
| Provide the list of Sub-Therapeutic Areas for<br>your Facility.  | Basal Cell Carcinoma;Bladder cancer;Bone<br>Cancer;Brain Cancer;Breast Cancer;Cervical<br>Cancer;Colorectal Cancer; CRPC; Follicular<br>Lymphoma; Gastro Intestinal Solid<br>Tumours; Head and Neck<br>Cancer;Hepatocellular Carcinoma;Hereditary<br>Angioedema; HR Prostate Cancer; Islet Cell<br>Tumours; Liver Cancer; Lung Cancer;<br>Lymphoma; Malignant<br>PleuralMesothelioma;Melanoma; Multiple<br>Myeloma; Neuroma;Non- Hodgkin's<br>Lymphoma; Non-Small Cell Lung Cancer;<br>Ovarian Epithelial Carcinoma; Pancreatic<br>Cancer; Prostate Cancer; Renal Cell<br>Carcinoma; Sarcoma; Squamous & Non<br>Squamous Sarcomas; Thyroid Cancer;<br>Throat Cancer |

| IRB/ERB/Ethics Committee:                     |                              |
|---|------------------------------|
| Does your Facility perform HREC               | No                           |
| (IRB/ERB/Ethics) Committee submissions?       |                              |
| Does your Facility have a dedicated           | No                           |
| department or group to perform HREC           |                              |
| (IRB/ERB/ETHICS) Committee                    |                              |
| HREC Committee Name.                          | Metro North HREC             |
| Other Meeting Frequency                       | Two meetings per week in NMA |
| Does the HREC Committee require payment       | Yes                          |
| prior to the release of final approval        |                              |
| documents?                                    |                              |
|   |                              |
| Consont:                                      |                              |
| Consent:                                      | X/                           |
| Does your Facility have a written             | Yes                          |
| SOP/Policy/Procedure for Informed Consent?    |                              |
| Does your Facility have a written             | No                           |
| 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.   |                              |
|   |                              |
| Training:                                     |                              |
| Does your Facility have a training program    | Yes                          |
| for   | 105                          |
| Does your Facility training course content    | Yes                          |
| include GCP?                                  | 1 es                         |
|   | X                            |
| Do you have a process or program in place to  | Yes                          |
| retrain research staff when a protocol is     |                              |
| amended?                                      | × 7                          |
| Does the study staff that prepares or         | Yes                          |
| transports dangerous goods have training that |                              |
| meets the IATA International Air Transport    |                              |
| Association (US) or other countries           |                              |
| hazardous training requirements for shipping  |                              |
|   |                              |
| Facility And Equipment:                       |                              |
| Facility Capabilities:                        |                              |
| Can your Facility support in-patient          | Yes                          |
| admissions                                    |                              |
|   | 1                            |

| Can your Facility support patient visits on                | No                                      |
|--|---|
| weekends?  | 140                                     |
| Is your Facility capable of administering                  | No                                      |
| infusions?   |   |
| Is your Facility adequately staffed to support             | No                                      |
| studies with both blinded and unblinded                    |   |
| Investigational Product?                                   |   |
| Does your Facility have the ability to collect             | Yes                                     |
| and store PK/PD specimens?                                 |   |
| Does your Facility have the ability to collect             | Yes                                     |
| PK/PD samples beyond normal business                       |   |
| Does your Facility typically allow the                     | Yes                                     |
| collection of Pharmacogenomic (PGX)                        |   |
| samples  |   |
| Does the Facility have storage space for                   | Yes                                     |
| Study- Related materials (e.g. Lab Kits,                   |   |
| Patient  |   |
| Fauinmont.   |   |
| <b>Equipment:</b><br>Does your Facility have the necessary | Yes                                     |
| equipment to treat medical emergencies (for                | i es                                    |
| example crash/code cart)?                                  |   |
| Does your Facility have an SOP or process                  | Yes                                     |
| that ensures routine calibration and                       | 1 es                                    |
| maintenance of general equipment?                          |   |
| Examples of general equipment include:                     |   |
| scale, pulse oximeter, stadiometer,                        |   |
|  |   |
| IT Capabilities:   |   |
| Does your Facility have computers that are                 | No                                      |
| 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)                        |
| Other Operating Systems Supporting Studies                 | JAVA                                    |
| What browser does your facility use?                       | Internet Explorer                       |
| Does the Facility have access to local IT                  | Yes                                     |
| support?   |   |
| Does your Facility limit or prohibit access                | Yes                                     |
| and use of external web-based tools or sites               |   |
| for clinical research (E.g. web portals to                 |   |
| submit   |   |
| <b>.</b> .   |   |
| Labs:  |   |
| Is your Facility using a local pathology lab?              | Yes                                     |
| Please provide the Local Lab Name.                         | Pathology Queensland-Redcliffe Hospital |

| IP Storage Details:                           |                                  |
|---|----------------------------------|
| IP Recipient Name                             | Redcliffe Hospital; Research Hub |
| Does the Investigational Product Storage      | Yes                              |
| Room 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 | Yes                              |
| on-site or off-site destruction of the        |                                  |
| Investigational Product?                      |                                  |
| Does your Facility have a written             | Yes                              |
| SOP/Policy/Procedure to ensure on-site or     |                                  |
| off-site destruction of the Investigational   |                                  |
| Does your Facility have the ability to manage | N/A                              |
| on-site or off-site destruction of controlled |                                  |
| substances when appropriate?                  |                                  |
| Does the Facility have the ability to handle  | N/A                              |
| radio-labelled Investigational Products?      |                                  |
| Do you provide your Satellite Site(s) with a  | Yes                              |
| dedicated inventory of Investigational        |                                  |
| Does your Facility have a written             | Yes                              |
| SOP/Policy/Procedure to ensure that           |                                  |
| Investigational Product is appropriately      |                                  |
| maintained during transportation to Satellite |                                  |
| Source Documents:                             |                                  |
| Does your Facility have secure storage for    | Yes                              |
| patient records?                              |                                  |
| Does your Facility have patient record        | Yes                              |
| archiving on-site?                            |                                  |
| Electronic Medical Records (EMR) /Electro     | onic Health Records (EHR):       |
| Do you have Electronic Health Records         | Yes                              |
| (EHR)/ Electronic Medical Records (EMR)?      |                                  |