

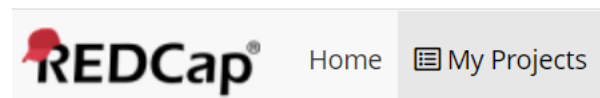
PROJECT LAUNCH: Service Providers' Impact (Step 2, Part II) INSTRUCTIONS

1. Landing page (if additional information is required) can be found here:
<https://www.womensresearch.ca/launching-a-study-or-project/>

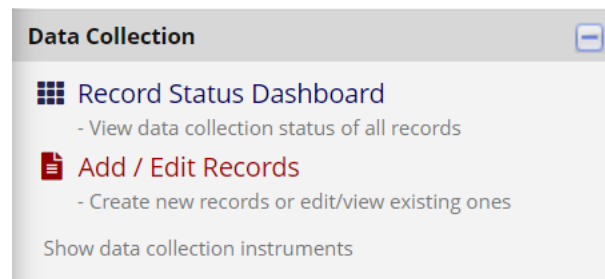
2. Access to REDCap and Project

Please contact redcap@wchospital.ca for access to an internal REDCap account and/or to re-activate your account. You will also need access to the 'Service Providers Impact' project.

3. Go to MY PROJECTS



If you have access, you will see the “*Project Launch*” in the Project List; contact redcap@wchospital.ca if it is not there. Click on the project name and then click on Add/Edit Records (on left-hand panel):



4. Click on ADD NEW RECORD

Choose an existing Record ID	-- select record --
	+ Add new record

5. Click on the grey bubble beside the “Step 2: Reviews and Approvals Central Form” option

Data Collection Instrument	Status
Step 2: Reviews and Approvals Central Form	<input type="radio"/>
Step 2 (Part II) Medical Imaging Impact Analysis Form	<input type="radio"/>
Step 2 (Part II): Laboratory Services Impact Analysis Form	<input type="radio"/>
Step 2 (Part II): Strategic Communications Impact Analysis Form	<input type="radio"/>
Step 2 (Part II): Pharmacy Impact Analysis Form	<input type="radio"/>

6. Fill in the form including the PROTOCOL UPLOAD and indicate which services may be impacted (see example below).

Click ‘**COMPLETE**’ in the Form Status drop down and ‘**SAVE & EXIT FORM**’. You can also select ‘incomplete’, and your document will be saved for you to return to later.

Your last name <small>* must provide value</small>		<input type="text"/>
Your first name <small>* must provide value</small>		<input type="text"/>
Your WCH email <small>* must provide value</small>		<input type="text"/>
WCH PI / Study Lead Name (first name last name) <small>* must provide value</small>		<input type="text"/>
PI / Study Lead WCH Email <small>* must provide value</small>		<input type="text"/>
Study / Project Title	<input type="text"/>	
	Expand	
Upload Protocol / Proposal	Upload file	
Part II: Service Providers' Impact		
Please indicate the services that will be impacted by your study:		<input type="checkbox"/> Strategic Communications <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Imaging <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Not applicable

In this example, two forms have been selected as seen below.






Please indicate the services that will be impacted by your study:

- Strategic Communi
- Pharmacy
- Medical Imaging
- Laboratory Service:
- Not applicable

Form Status

Complete? Complete ▾

7. Once the PROTOCOL has been uploaded and the form has been completed, the status will change to “**GREEN**”. You will now be able to see the Impact Analysis Forms for the impacted services.

Data Collection Instrument	Status
Step 2: Reviews and Approvals Central Form	
Step 2 (Part II) Medical Imaging Impact Analysis Form	
Step 2 (Part II): Laboratory Services Impact Analysis Form	
Step 2 (Part II): Strategic Communications Impact Analysis Form	
Step 2 (Part II): Pharmacy Impact Analysis Form	

8. Click on the bubble for each Impact Analysis Form that is available to you based on your selection.

Please complete the Impact Form(s).

If you are not ready to submit the Impact Form(s), please select ‘**INCOMPLETE**’ and your document will be saved for you to return to later. Otherwise, click ‘**COMPLETE**’ in the Form Status drop down and ‘**SAVE & EXIT FORM**’.

In this example, the Laboratory Services Impact Form has been selected and now requires completion:

Step 2 (Part II): Laboratory Services Impact Analysis Form

Editing existing Record ID 54

Record ID 54

What is the number of participants expected to impact Laboratory Services?
* must provide value

Will the lab be involved in the following? Select all that apply.

	Yes	No
Regulatory Visits / Audits * must provide value	<input type="radio"/>	<input type="radio"/>
Phlebotomy / Specimen Collection	<input type="radio"/>	<input type="radio"/>

reset

9. Service Providers' Feedback

When you click 'COMPLETE' in the Form Status drop down and 'SAVE & EXIT FORM', the Impact Form(s) will be automatically sent to the service provider(s) for their review and feedback.

10. Revisions

When revisions are required (e.g., revised lab services workflow is needed; protocol changes; Impact Form changes, etc.), please locate your existing electronic Impact Form.

Make the appropriate changes (e.g., upload revised protocol) and ensure that the Impact Form has been updated accordingly. Click 'COMPLETE' in the Form Status drop down and 'SAVE & EXIT FORM'.

A notification will be sent to the service provider(s) for their review and feedback.

*Please contact REDCap@wchospital.ca for additional questions.