## Manager: Please read carefully before signing.

Please be advised that the Research Ethics Board at St. Joseph’s Care Group will not review a project until this form is completed.

Research conducted within St. Joseph’s Care Group must be respectful of the Mission, Vision and Core Values of the organization.

Ensure you are aware of all resources being requested from the research team. Projects often require multiple Managers’ involvement and approval. You may need to refer the research team to additional Managers.

Examples of resources might include:

* staff time to complete specialized assessments
* work space
* workstation access
* orientation to unit
* teaching/assisting with accesses to health records
* cost of patient transfer to another facility for specific testing
* additional assessments/test above standard of care
* staff time to attend interviews or focus groups
* long distance phone access
* faxing/mailing/preparation of reports or surveys.

By signing this form, you are acknowledging your support for the research project and agreeing to provide the requested resources itemized by the research team to complete the project. If you have any questions, please contact the Manager, Volunteers, Library & Research Services at [SJCG\_REO@tbh.net](mailto:SJCG_REO@tbh.net) or (807) 346-3697.

Organizational Impact Form

TO BE COMPLETED BY RESEARCH TEAM

Describe the cooperation and resources necessary from SJCG to ensure completion of the research study (e.g., procedures, time commitment, training, meetings). Please be specific. Discuss thoroughly with the Manager of each area/unite/department you are requesting support. **If support is required from multiple Managers, please have each manager sign a separate form.**

TO BE SIGNED BY THE MANAGER

Your signature indicates agreement for the resources requested by the research team.

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| --- |
| **Section A: Research Project/Protocol Title** |
| Study Title: |

|  |  |
| --- | --- |
| **Section B: Principal Investigator** | |
| Name: | Department and Institution: |

|  |  |  |
| --- | --- | --- |
| **Section C: Resources** | | |
| Area/Unit/Department | Timeframe | List of Resources Requested |
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| --- | --- |
| Manager’s Signature: |  |
| Print Name: |  |
| Date: (month day, year) |  |