No. RF-02

Title: Access to facilities and Equipment for Research and Education	☒ **Policy** ☒ **Procedure** ☐ **SOP**
Category: General **Dept/Prog/Service:** Research: Research Facilities	**Distribution:** Organization Wide
Approved: Vice President, Research **Signature**:	**Approval Date:** Oct. 4, 2016 **Reviewed/Revised Date:** **Next Review Date:** Oct. 4, 2019

CROSS REFERENCES: (RF-01) Access to Animal Research Facilities

1. PURPOSE

To specify the process and requirements for inquiry and granting of access to Thunder Bay Regional Health Sciences Centre (The Hospital) and Thunder Bay Regional Research Institute (The Research Institute) facilities, equipment and/or governed space for all employees and external individuals.

The Hospital and The Research Institute support excellence in research and the availability of state of the art equipment wherever possible. To ensure effective and timely maintenance and future upgrading of major equipment, The Hospital/The Research Institute charges researchers and contracts fees for use of major equipment.

2. POLICY STATEMENT

Users shall seek and receive approval for access to facilities prior to using facilities for research or education. Ensuring that appropriate permission and access to facilities are granted to individuals is a key element of oversight of research and education. Review of access will also ensure that appropriate training plans, approvals, and finances are in place prior to work commencing.

Further, users shall pay equipment fees where designated. The Hospital/The Research Institute determines rates for equipment use that take into account the cost of maintenance, training and upgrading of equipment while encouraging new researchers and researchers moving into new research fields to explore new technological approaches and new technologies in a cost-effective manner.

3. SCOPE

This policy applies to all individuals, both internal and external, who access equipment or facilities at The Hospital/The Research Institute for research or education purposes.

4. DEFINITIONS

Restricted Space – Clinical Space, 3T MRI Magnet Room, PET-CT, Munro St. Cleanroom, Machine Shop, Labs (or other similar areas where access is generally considered as restricted to approved personnel)

Designated Individual – shall be an individual who has responsibility for an area that involves a restricted space

Investigator – shall be an individual that oversees the particular project or the Principal Investigator on a grant

5. PROCEDURE

Individuals wishing to make use of major equipment for which user fees have been established must contact the Manager/contact person responsible (Appendix 1) for such equipment to determine availability of equipment and any applicable fees. The Manager/contact person will also inform the individuals of any applicable processes for scheduling use of the equipment.

5.1. For Research or Education Access

a) Access to The Research Institute and/or The Hospital space for teaching or research requires that a Facilities Access Approval Form be completed (Appendix 2). The completed form is to be submitted to the Scientific Director for approval.
   i. Should the request be for grant-funded research, a copy of the grant submission, approval, and budget is required with the form.
   ii. Should the request be for access to clinical Hospital facilities, or to facilities that are currently used for both clinical and research, the request will be reviewed with The Hospital Clinical Director for the area for approval as well.
   iii. Should the request include research on animals, an approval or pending submission to the Animal Care Committee (ACC) is required.
   iv. Should the request include research on humans, an approval or pending approval from The Hospital Research Ethics Board (REB) is required.
   v. Should the request include research involving a biohazardous or radioactive substance, approval by the appropriate committee is to be included with the request.
   vi. Should the request be for contract research, a copy of the approved contract, as signed by the Chief Operating Officer for The Research Institute is required.
b) Training requirements for research facilities and Designated Individuals are outlined in the JH 2.02 Training Requirements Policy – a Research Institute Policy.
c) For The Hospital Restricted Space, the Designated Individual is assigned by Program Clinical Director, and for The Research Institute, by the Scientific Director.
d) Following approval by the Scientific Director, and Clinical Director if applicable, for access to facilities and equipment, the individual who has made the request is to contact the Designated Individual for the area in question to arrange scheduling, training, etc. as required.
e) The Investigator is responsible to provide adequate training, supervision, and direction to his/her research group and ensure that he/she and the research group follow all of the policies and procedures for the facility in question, including attending building safety training, orientation, obtaining an ID badge and signing forms, as may be required.
f) The Investigator is responsible for any costs that may apply related to the operation of the equipment or facility, as well as damages and repairs to the equipment or facility caused by misuse or neglect unless such fees and costs have been taken over by The Research Institute/The Hospital by prior written agreement. The Investigator must purchase and dispose of the consumables associated with the projects for which he/she is responsible.
g) Appeals to waive any applicable user fees should be addressed by the Investigator to the Scientific Director.
h) Prior to beginning any work, Investigators external to The Research Institute or The Hospital must have an agreement in place with The Research Institute/The Hospital, or insurance to cover damages and liability.
i) Investigators external to The Research Institute or The Hospital, visitors, and external students will be required to sign a 'Waiver of Claims' and 'Release of Liability' form for access to the facilities (Appendix 3). The form is available from The Research Institute (Human Resources). The completed signed document is to be filed with The Research Institute (Human Resources).
j) Minors, under 18 years of age, working for/with The Research Institute/The Hospital and/or participating in research or educational training are to sign a 'Waiver of Claims' and 'Release of Liability' countersigned by a parent or guardian over the age of 25.

6. ATTACHMENTS

Appendix 1: Research Major Equipment – Contacts, Scheduling, Rates
Appendix 2: Facilities Access Approval Form
Appendix 3: "Waiver of Claims" and "Release of Liability Form"

7. REFERENCES

RF-01 Access to Animal Research Facilities
JH 2.02 Research Orientation and Training Requirements

Appendix 1 — Research Major Equipment Contacts, Scheduling, Rates

EQUIPMENT: 3T MRI

Contact:
3T MRI – MRI Tech

Scheduling:
- Research investigators are encouraged to book imaging time one week in advance. The minimum advance notice should be two days.
- Short notice, such as one day prior, needs to be justified by the circumstances, and will be granted based on the ability to accommodate the request, at the discretion of the Manager.
- Any costs of call-ins or overtime to accommodate short notice bookings or cancelation will be at the expense of the Investigator and will be in addition to the fee below.
- The request should contain the PI/Primary user's contact information and account number
- The instrument user fee charges will be based on the time that is booked on the schedule calendar.

Rates:

Situation	Description	Rate (CDN)
Research Human Volunteers	• National peer reviewed funded studies	$500/hr
External Academic Users		$600/hr
Industry Rate	• Industry-sponsored research	$1000/hr
Pilot Rate for human studies requiring MR Tech	• When scanner time is required for testing MR protocols and paradigms optimization • For short studies to generate results to use for a national funding application, can be negotiated or revised	$100/hr, max 10 hrs
Protocol Development Phantom Studies QA/QC	• For development of MR protocols that expand the capabilities of the MR scanner and QA/QC	No charge
Funded Animal Studies		$175/hr
Data Processing	SWI Data processing	$100 per subject
Cancellations	With **more than 5 working days** notice	No charge
	With **less than 5 working days** notice, and each appointment slot not filled by the user	One hour charged at applicable rate

Contrast Media	Gadolinium (Bayer Inc. Magnevist DTPA)	$50 per 10ml
Power Injector	Syringe sets for Power Injector (Medrad)	$30 per set
XeMed Polarizer		$75 per session

EQUIPMENT: Small Animal Ultrasound

Contact, Scheduling and Rates: Dr. S. Pichardo/Dr. R. Deslauriers

Building emergency safety training and ID badges
$30/hr (first hour) – any additional time - $20/hr

EQUIPMENT: Cyclotron and Radiopharmacy

Contact: Cyclotron Facilities, Director of Cyclotron Operations

Scheduling and Rates:
All users of the facility must have completed Radiation Safety training with the cyclotron RSO and have the proposed project evaluated by the facility director to determine feasibility, safety and potential radiation doses.

Cyclotron beam time:
$200/hour
Includes electrical costs

Facility access:
$500/day external user
$300 / day internal user
Includes radiation dosimetry monitoring, operator time, etc

Consumables:
Cost +10%

When the running of the cyclotron is requested outside of a normal production run the following costs will apply:
F18 run regardless of activity - $ 450.00
FDG run regardless of activity - $860.00
NaF run regardless of activity - $630.00

When the required isotopes can be acquired during a scheduled production run and shared with other users the following costs will apply:

Isotope	# of users	Cost
F18	2	225
	3	150
	4	112
FDG	2	430
	3	286
	4	215
NaF	2	315
	3	210
	4	157

EQUIPMENT: Radioactive Synthesis Capabilities/Elixis Robotic Synthesis

Contact: Dr. R. Deslauriers/Director of Cyclotron Operations

Rates:
Determined on a project-specific basis.

EQUIPMENT: MicroPET

Contact, Access: R. Deslauriers

Rates:
$75/hour

The fee includes cost of radiation safety training/Emergency safety training/ID badges
The fee includes anesthetic and isotope delivery (syringes)

The fee does not include the services of any veterinary technician
The fee does not include the cost of the radiotracer or transport of the radiotracer

Fee waiver:
Up to 10 hours of use can be awarded by the Scientific Director in order to gather preliminary data for grant application purposes

EQUIPMENT: Hot Lab – TBRHSC

Contact, Scheduling: R. Deslauriers

Rates:
$40/session
Radiation Safety Training
Emergency Safety Training/ID Badge Specific
Equipment Training

Appendix 2 TBRHRI/TBRHSC Facilities Access Approval Form

As per TBRHRI/TBRHSC Policy (RF-02) Access to Facilities and Equipment for Research and Education, this form must be completed and signed by all parties if the applicant, as part of their project, will require access to TBRHRI and/or TBRHSC facilities. Applicants are asked to submit this form, along with a copy of the appropriate research documentation and/or other relevant documentation.

General Information

Name/Department:

PI:

Other Staff / Students Involved:

Requesting Access for Additional People: (Name / Position /Affiliation)

1.
2.
3.
4.

The PI is to ensure that all of their staff, and those for which they are requesting access, are properly supervised and/or trained within the scope of this request.

Title of Proposed Project / Purpose:

Facility and/or Equipment to be Utilized:

Oliver Rd. facilities/equipment: _____

Munro St. facilities/equipment: _____

Nature of the Research to be Undertaken Using the Facility:

Basic / Preliminary Research	Account number _____
Grant-Funded Research	Account number _____
Contract Research	(please attach the executed contract)
Academic	Course Name/No. _____
Clinical Trial	(please attach REB approval letter)
	REB # _____

Engagement Questions:

1. **Will research with animals be conducted within this facility?**
   YES NO (if YES, please attach ACC approval letter)

2. **Will biohazards and or radioactive sources be used within this facility?**
   YES NO (If YES, please attach Committee approval letter)

3. **Will research with humans be conducted within this facility?**
   YES NO (if YES, please attach TBRHSC REB approval letter)

Details of Facility/Equipment Use

1. Please explain what tests/procedures will be undertaken using the facility:

2. Detail the use of the facility (for example, anticipated number of samples to be tested, student training or estimated number of hours of use):

Required Signatures

Scientific Director TBRHRI **Date**

Clinical Director (TBHRSC) for the Facility **Date**
(if required-only for clinical or shared used equipment)

Manager/Contact of Facilities **Date**
(the person responsible for the equipment requested)

Appendix 3

"Waiver of Claims" and "Release of Liability" Form

NOTE: *Please read carefully before signing; activity waivers have held up in Canadian courts. Consider that you are assuming both physical and legal risks which have potential financial implications for yourself and/or your family should you be injured while at Thunder Bay Regional Health Research Institute or Thunder Bay Regional Health Sciences Centre.*

The Thunder Bay Regional Health Research Institute (TBRHRI) and the Thunder Bay Regional Health Sciences Centre (TBRHSC) promote, conduct, permit or otherwise engage in international student programs, visiting scientist programs, career development programs, research projects, collaborations, and other similar or related arrangements. Given the diverse nature and various locations at which such Programs may be undertaken, individuals must acknowledge that participation in such Programs may expose them to various risks of damage to property, or physical injury, sickness or death.

THEREFOR, IN CONSIDERATION OF THE ABOVE,

I, _____(please print name), hereby release TBRHRI/TBRHSC, its agents, volunteers and employees from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from, or related to, any damage of any nature whatsoever, including but not limited to: damage, loss, theft, or destruction of property or any injury, including death, that I may sustain, to whatever extent arising from, but notwithstanding that such damage, theft or destruction of property, injury, death or result from the negligence of TBRHRI/TBRHSC, its agents, volunteers or employees while attending, participating in or traveling to and from said activities.

I further state and affirm that I am in proper physical condition and health to participate in such activities. I also state and affirm that I am aware and agree that this release shall be binding upon my heirs, estate trustee, successors and assigns.

I have read and understood this Agreement prior to signing it, and am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, executors, administrators, successors and assigns may otherwise have or have had against TBRHRI/TBRHSC. I do further acknowledge that it has been recommended to me that I seek independent legal advice prior to executing this Agreement and I declare that I have either received such advice or have declined to seek such advice. I further declare that I have attained the age of 18 years.

Signed: The _____ day of _____, of the year _____

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Names & telephone number of two people to contact in case of an emergency:

_____

_____