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| The process for granting approval to use Non-Grady medical equipment in research at Grady is a collaborative effort between Grady’s Office of Grant Administration (OGA) and the Clinical Engineering/BioMed Department (Clin-Engineering). **To obtain approval for the use of Non-Grady Medical Equipment (Research Equipment), please do the following**:1. Submit a Financial Clearance Application Packet to OGA providing detailed responses to the questions in Section II of the Financial Clearance Form (FCF).
2. If a Contract or Agreement is necessary to obtain or use the referenced equipment, contact grants@gmh.edu to begin the process.
3. Complete the *Research Equipment Questionnaire* below and provide a copy to grants@gmh.edu to be included in the research file.
4. Contact Clin-Engineering at 404-616-3941 to open a Work Order. Be prepared to provide the responses to the *Research Equipment Questionnaire* at the time of your call. Please ***allow 7-10 business days*** for the inspection to be scheduled*.*
5. ***You are required to provide*** the Work Order number to OGA upon receipt.

 **Requirements for Use Research Equipment at a Grady Site:*** Research Oversight Committee (ROC) and Financial Clearance approval must be maintained for a study utilizing research equipment. Authorization for the use of research equipment on Grady’s campus is required irrespective of where the equipment will be stored.
* Research equipment must meet all inspection and tagging requirements as outlined by Grady’s Clinical Engineering/BioMed Department.
* The PI/designee must maintain a copy of the Manufacturers Equipment Information and Brochure or other study documentation (e.g. Research Protocol) that outlines the inspection or maintenance schedule that exceeds the manufactures recommendations to provide to OGA or Clin-Engineering if requested.

Contact the OGA at grants@gmh.edu with Financial Clearance questions. |
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| **Non-Grady Research Equipment Questionnaire** |
| **Study IRB Number:** |       |
| **Requestor Information**  |
| **Name:** |       |
| **E-mail:**  |       | **Telephone Number:** |       |
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| **Equipment Information** |
| **Equipment Name:** |       |
| **Manufacturers Name:** |       | **Model No.:** |       | **Serial No.:** |       |
| **Equipment Description:** |       |
| **What is the expected length of time that the research equipment will be used at Grady?** |       *(i.e. 2 years)* |
| **Where will the equipment be used at Grady?**  |       *(i.e. Department/Floor or Department Code)* |
| **Will the equipment be stored on Grady’s Campus?**[ ]  Yes, specify the location:       [ ]  No. ***Note:*** If the equipment will not be stored on Grady’s campus and requires an electrical cord connection it may require inspection each time it is brought on campus. |
| **Does the study require a special maintenance/inspection schedule for the equipment?** [ ]  No[ ]  Yes, provide a written copy of the schedule |
| **Will the equipment integrate with Grady’s Network?** [ ]  No  |
| [ ]  Yes, specify: [ ]  Grady’s Epic system [ ]  Non-Epic clinical applications [ ]  Other:       |
| **The study will obtain the equipment as follows:** |
| [ ]  Purchase through Grady [ ]  Receive for free from (specify):        | [ ]  Purchase from (specify):      [ ]  Other (specify):       |