SHARED INVESTIGATOR PLATFORM

FACILITY NAME & ADDRESS

Facility Name	Facility Type	Facility Address
National Hospital Organization Toyohashi Medical Center	Hospital or Medical Center	50 Aza Hamamichigami, Imurecho, Toyohashi, Aichi, Japan, 440-8510

FACILITY CONTACTS

Primary FPM?	Name	Email Address	Roles
Yes	Noriko, Takase	takase.noriko.gk@mail.hosp.go.jp	Facility Profile Manager

THERAPEUTIC AREAS & PATIENT POPULATION

Therapeutic Area(s)	
Therapeutic Area	Sub-Therapeutic Area
Women's Health	
Pediatrics	
Bone	
Musculoskeletal Diseases	
Mental disorders	
Immune System Diseases	
Eye Diseases	
Endocrine System Diseases	
Digestive System Diseases	
Cardiovascular Diseases	

Other Areas of Expertise
Male Urogenital Diseases, Neoplasms, Nervous System Diseases, Otorhinolaryngologic Diseases, Skin and Connective Tissue Diseases,Wounds and Injuries

Study Phase Capabilities
Phase II; Phase III; Phase IV

Other Facility Details	
Do you have Affiliated Research Sites or Satellite Sites/Clinics? A Satellite Site is a secondary location where the investigator sees clinical trial subjects, usually this is the same investigator who sees subjects at the primary site location.	No
What study types does your Facility have experience with?	Industry; Investigator Initiated
Is your Facility affiliated with a government agency or part of a government funded health service?	Yes

Patient Population	
Patient Population Demographics	Adults - Ages 18-64; Geriatrics - Greater than or equal to 65

Patient Population Comments

IRB/ERB/ETHICS COMMITTEE

General Questions	
What is the average time (in days) to start a study once you have received the regulatory package?	30-60
Does your facility perform IRB/ERB/Ethics Committee submissions?	Yes
Does your facility have a dedicated department or group to perform IRB/ERB/Ethics Committee submissions?	Yes
Department Contact Name	Clinical
Department Contact Phone Number	(0532)62-0301
Department Contact Email Address	takase.noriko.gk@mail.hosp.go.jp
Is your facility able to initiate study activities prior to IRB/ERB/Ethics Committee protocol approval?	Yes
What types of IRB/ERB/Ethics Committee does your Facility use?	Central Acting as Local; Local
Does your institution and/or local regulation mandate the distribution of safety reports [e.g., Development SafetyUpdate Report (DSUR), suspected unexpected serious adverse reaction (SUSAR)] to a local Review only IRB/ERB/Ethics Committee?	Yes
Are there any other steps that the Sponsor should be aware of for your IRB/ERB/ Ethics Committee review and submission?	No
Other Steps Explain	

OTHER REVIEW BOARDS

Does your facility have Other Review Boards that need to approve the study prior to IRB/ERB/Ethics Committee submission? For example, scientific, radiation safety committees, or others.	No

Local Lab

Is your Facility using a Local Lab?	Yes
Local Lab: National Hospital Organization Toyohashi Medical Center	
Lab Name	National Hospital Organization Toyohashi Medical Center
Lab Contact First Name	
Lab Contact Last Name	
Address	50 Hamamichigami Imure-cho, Toyohashi, Aichi, Japan, 440-8510
Phone Number	+81-532-0301
Fax Number	+81-532-7507
Email Address	
Local Lab Accreditation	ISO

CONSENT & TRAINING

Consent	
Does your Facility have a written SOP/Policy/Procedure for: Informed Consent?	No
Does your Facility have a written SOP/Policy/Procedure for: Minor Assent for Pediatric Populations?	No
Does your Facility have a written SOP/Policy/Procedure for: Other Vulnerable Populations?	No
Will your Facility require language translations for consents?	No
Select the required languages	
If located in the US, has your Facility used or are you able to use the informed consent short form?	Not Applicable
Training	
Does your Facility have a training program for the research staff?	No
Does the course content include GCP?	Yes
Does your Facility use an external program to conduct research training?	No
Please provide program course name.	
Do you have a process or program in place to retrain research staff when a protocol is amended?	No
Does the study staff that prepares or transports dangerous goods have training that meets the IATA International Air Transport Association (US) or other countries hazardous training requirements for shipping dangerous goods?	No

FACILITY & EQUIPMENT

Facility Capabilities	
Can your Facility support patient visits on weekends?	Yes
Can your Facility support in-patient admissions for research studies?	Yes
Does your study staff have sufficient English knowledge to understand communications in English?	No
Does your Facility have access to translators and translation support for trial conduct (e.g. consent, trial specific instruction)?	No
Does the Facility have storage space for Study-Related materials (e.g. Lab Kits, Patient Materials, etc.)?	Yes
Does your Facility have the ability to collect and store PK/PD specimens?	Yes
Does your Facility have the ability to collect PK/PD samples beyond normal business hours?	Yes
Does your Facility typically allow the collection of Pharmacogenomic (PGX) samples for research purposes?	Yes
Equipment	
Identify the Diagnostic Equipment available at or near the Facility to support Research studies?	Computerized Tomography Scan; Dual-Energy X-ray Absorptiometry

	or Bone Densitometry; Magnetic Resonance Imaging; X-Radiation; Mammography; Nuclear Medicine (e.g.Bone scan,Thyroid scan,Thallium cardiac stress test)
General Equipment	
Does your Facility have an SOP or process that ensures routine calibration and maintenance of general equipment? Examples of general equipment include: scale, pulse oximeter, stadiometer, sphymomanomer, etc.?	No
Does your Facility have the necessary equipment to treat medical emergencies (ie. code cart)?	Yes
Equipment Available At The Facility To Support Research Studies	
Identify the equipment available at the Facility to support Research studies?	Refrigerated Centrifuge; Centrifuge; Refrigerator (2 to 8 Degrees C); Freezer (-70 to -80 Degrees C)
Equipment Capabilities: Refrigerator (2 to 8 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Daily
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	No
Equipment Capabilities: Refrigerator (-70 to -80 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Daily
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	No
Do you have an SOP which supports calibration of this equipment?	No
Computer Capabilities	
Does your Facility have computers which are dedicated to research studies?	Yes
What type of computer operating system(s) does your institution use to support studies?	
What type of internet access does your Facility have?	Cable or DSL
Does your Facility limit or prohibit access and use of external web-based tools or sites for clinical research? (e.g. web portals to submit documents to sponsors or CROs)	No
Does the Facility have access to local IT support?	Yes

INVESTIGATIONAL PRODUCT & CONTROLLED SUBSTANCES

Investigational Product Shipping Details	
IP Recipient Name	National Hospital Organization Toyohashi Medical Center
Address	50 Hamamichigami Imure-cho, Toyohashi, Aichi, Japan, 440-8510
Email Address:	
Phone Number:	+81-532-62-0301
Fax Number:	+81-532-62-7507
Investigational Product Storage Location	
IP Storage Location Name	National Hospital Organization Toyohashi Medical Center
Address	50 Hamamichigami Imure-cho, Toyohashi, Aichi, Japan, 440-8510
Email Address:	
Phone Number:	+81-532-62-0301
Fax Number:	+81-532-62-7507
Investigational Product Storage Equipment	
Identify the Investigational Product Storage Equipment at your Facility	Refrigerator (2 to 8 Degrees C)

Equipment Capabilities: Refrigerator (2 to 8 Degrees C)	
Do you have the ability to generate a temperature monitoring log for this equipment?	Yes
Does this equipment provide Min/Max Temperature Monitoring?	Yes
How frequently can temperature measurement occur? Check the most frequent measurement your equipment can support.	Daily
Does this equipment have back-up power?	Yes
Does this equipment have a temperature alarm?	Yes
Do you have an SOP which supports calibration of this equipment?	No
Investigational Product Storage And Handling	
Is the Investigational Product Storage Room secured with controlled access?	Yes
Do you have the ability to generate a temperature monitoring log for this Investigational Product Storage Room?	Yes
Does the Investigational Product Storage Room provide Min/Max temperature monitoring?	Yes
Does the Investigational Product Storage Room have back-up power?	Yes
Does the Investigational Product Storage Room have a temperature alarm?	Yes
Do you have an SOP which supports calibration of the temperature monitoring equipment?	No
Does your Facility have the ability to manage on-site or off-site destruction of Investigational Product?	Yes
Does your Facility have a written SOP/Policy/Procedure for destruction of Investigational Product?	No
Do you provide your Satellite Site(s) with a dedicated inventory of Investigational Product?	Not Applicable
Does your Facility have a written SOP/Policy/Procedure to ensure that Investigational Product is appropriately maintained during transportation to Satellite Site(s)?	Not Applicable
Describe additional Investigational Product Storage & Handling Capabilities	
Preparation and Administration Of Investigational Product	
Identify the Investigational Product preparation capabilities at your Facility	Extemporaneous Preparation
Is your Facility capable of administering infusions?	Yes
Is your Facility adequately staffed to support studies with both blinded and un-blinded Investigational Product?	Yes
Controlled Substances	
Does the Facility have the required licenses or registrations to receive, store, dispense and return controlled substances as required by local law?	Yes
Is the storage area for controlled substances securely constructed with restricted access in accordance with local law?	Yes
Does the Facility have the ability to handle radio-labelled Investigational Product?	No
Does your Facility have the ability to manage on-site or off-site destruction of controlled substances when appropriate?	Yes

Attachments

Document Type	Document Name	Description
No Records		

SOURCE DOCUMENTATION

Source Documents	
What type of source documents will be used?	Paper; Electronic
Does your Facility have secure storage for patient records?	Yes
Does your Facility have patient record archiving on-site?	Yes
Provide Location name and address of any offsite archives	
Electronic Medical Records (EMR)/Electronic Health Records (EHR)	
Do you have Electronic Health Records (EHR)/ Electronic Medical Records (EMR)?	Yes
What EMR/EHR system do you use?	
For Facilities with satellite sites, where is the monitor required to access source documents?	Main Facility Only
Please list any access limitations/requirements for the Electronic Medical Records.	
Monitoring	
Check all equipment that will be available to Monitors:	
What Electronic Data Capture (EDC) systems has your staff used for clinical trials?	

ADDITIONAL LOCATIONS

Additional Locations

Add any addresses you wish to be available in the Study Site Profile. These addresses will be available for selection in the following sections of the Study Site Profile -
Additional Study Locations - These addresses can be added to your FDA Form 1572, if applicable.

Location Name	Contact Name	Address	Phone Number	Fax Number	E-mail Address
No Records					

ADDITIONAL INFORMATION & ATTACHMENTS

Additional Information

Please provide additional information not captured in other sections of the Facility Profile that you feel is important for Sponsors to know about your Facility. Please reference the section name if applicable.

Facility Attachments

Document Type	Document Name	Document Description
No Records		

ORGANIZATION AFFILIATIONS

Organization Affiliations

The Organization (s) that requested Affiliation with your Facility/Department are listed below with Affiliation Status

Organization Name and Address	Organization Affiliation Type	Organization Affiliation Status	Status Date
No Records			