Checklist for Implementing Service Level Agreements:

Non-Trust Sponsored Studies

Use this form in association with SOP R&D/S63 Contracting to Undertake Research

**IT IS THE RESPONSIBILITY OF ALL USERS OF THIS FORM TO ENSURE THAT THE CORRECT VERSION IS BEING USED**

All staff should regularly check the R&D Unit’s website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.northyorksresearch.nhs.uk/sops.html and/or Q-Pulse

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| Form Reference: | R&D/F02 |
| Version Number: | 1.0 |
| Author: | Richard Furnival |
| Implementation date of current version: | 8th March 2018 |

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| Approved by: | Name/Position: | Lydia Harris, Head of R&D |
| Signature: | Signed copy held by R&D Unit |
| Date: | 8th February 2018 |
|  | Name/Position: | Sarah Sheath, SOP Controller |
|  | Signature: | Signed copy held by R&D Unit |
|  | Date: | 8th February 2018 |

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| This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise |

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

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| Version | **Date Implemented** | **Details of significant changes** |
| 1.0 | 8th March 2018 |  |
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| **Service Level Agreement Checklist**  *For use in Non-Trust Sponsored studies where external Service Providers are required to support the delivery of research activity* | | | |
| **Short study title**  **[]** | | | **Site**  **[]** |
| **IRAS number**  **[]** | **R&D ref**  **[]** | **PI/Local Collaborator  []** | **RN/CTA**  **[]** |

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| **Information on Service Provider** | |
| **Name of Service Provider** | **[]** |
| **Main Contact Name**  Contact Details | **[]** |
| **Type of Organisation**  Imaging / Laboratory / Other | **[]** |
| **Service(s) to be Provided**  Please specify | **[]** |
| **Checklist for Assessing Potential Establishments (RD-FO1) Completed?** | **[ Y / N ]** |

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| **Study Documentation**  *Specify Version Number & Date* | |
| **Has a Confidentiality Agreement been completed by the Service Provider?**  Information must not be exchanged prior to this. | **[ Y / N / NA ]** |
| **Study Protocol** | **[]** |
| **Study Manual (s)**  Imaging / Laboratory / Other | **[]** |
| **HRA/REC Approval Letter** | **[]** |
| **IRAS Form** | **[]** |
| **Insurance Certificate** | **[]** |
| **Any Amendments**  Please specify | **[]** |
| **Other Documents requested by Service Provider**  Please specify | **[]** |
| **Date all required documents received by Service Provider** | **[Insert Date]** |

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| **Service Provider Approvals**  *Will vary depending on organisation* | |
| **Service Provider Capacity**  Date confirmed | **[]** |
| **Medical Advisory Committee**  Meeting Date / Approval? | **[]** |
| **Management Approval**  Meeting Date / Approval? | **[]** |
| **Other Organisation Approvals**  Please list & date | **[]** |

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| **Service Provider Fees** | | | |
| **Setup Fee for Service Provider** | **[]** | **Service Fee(s)**  Per test/scan cost | **[]** |
| **Training Fees**  Per person/organisation cost | **[]** | **Other Fees Requested**  e.g. QA Scans, storage costs | **[]** |
| **Are the above fees matched by the Site Agreement?**  Or Industry Costing template if Commercial study | | | **[ Y / N ]** |
| **If costs not matched by Site Agreement;**  **What other arrangements are in place by the Trust to fund these costs?**  Please specify | | | **[]** |
| **Does the Sponsor provide travel reimbursement for the participant?**  If yes, does this cover distance to Service Provider? | | | **[ Y / N ]** |

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| **Other Arrangements** | |
| **Does the Sponsor require any certifications or ranges from the Service Provider?**  If yes, specify date sent to Sponsor | **[ Y / N ] [Date Sent]** |
| **Is additional training required for the Service Provider?**  If yes, specify date completed by Sponsor | **[ Y / N ]** |
| **Does the Service Provider require a Named Clinician from the Trust as a clinical liaison?**  If yes, specify named clinician. e.g. Consultant Radiologist, Microbiologist | **[ Y / N ]  [Name of Clinician ]** |
| **Is the Research Team aware of how to arrange appointments with service provider?** | **[ Y / N ]** |
| **Are arrangements in place to transfer results to the Research Team/ Study Coordinator?** | **[ Y / N ]** |

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| **Finalising the Agreement**  *Please ensure all above questions have been answered prior to commencing* | | | |
| **Date SLA Reviewed by RDF** | **[]** | **Date SLA Localised & Returned to Service Provider** | **[]** |
| **Date SLA Finalised** | **[]** | **Service Provider informed of study opening?** | **[ Y / N ]** |