OREGON CLINICAL & TRANSLATIONAL RESEARCH INSTITUTE

Usage Agreement for 6th Floor CHH1 Research Outpatient Exam Rooms

1. I have read the instructions for use of CHH1 Outpatient Research Clinic Exam Rooms.
2. I understand I am responsible for using the self-serve scheduling system responsibly. I will only schedule times when I need to use space, and I will remove canceled visits from the scheduling system to allow others access to the rooms.
3. I understand if I need more time during the visit, I will check to ensure I can extend my time in the scheduling system.
4. I understand I am responsible for cleaning the exam room after each visit. If I have more than one visit within the same room, I will clean the area between each visit.
5. I understand this area is not a secure area. I will follow OHSU policy and protocol guidelines with regards to HIPAA requirements and safe storing of study supplies, medication, and/or equipment.
6. This area is not staffed with nursing staff.
    a. Study staff will know the location of the crash cart and safety exits.
    b. Study staff will know the location of the emergency resource book.
    c. Resource book will serve as a guide for study staff regarding what service to contact when/if an emergency occurs.
7. This area is adjacent to the Knight Cardiovascular Institute outpatient research unit and includes some shared areas. I understand that I am responsible for maintaining collegial interactions with KCVI teams, not using areas or equipment assigned to them and treating shared areas with respect.
8. Failure to follow these guidelines may result in revoking permission to use the exam rooms.

I have reviewed and understand this agreement document

Study Program Name	Printed Staff Name	Signature	Printed Name of Supervisor	Date

This document will be filed with the CTRC Program Director A copy of this document will be given to study staff