

Last updated 05.12.2020

## CHCO Translation Services for Research Studies

This reference guide is designed to help CCS faculty and research staff navigate the CHCO Translation Services within the Medical Interpreters Department for research projects that need study documents translated into another language after you have received COMIRB approval for your study.

The Medical Interpreters Department offers written translation services for all language needs. The turn-around time depends on the length of the material, the language, consent complexity and urgency of the request. If you will be consenting more than 3 study participants in another language other than English, you will need to submit study documents to be translated into that language for your study. This includes consent form, assent form, study information sheet, flyers...etc.

Educational Materials for CHCO patients and families must be approved by the Patient Education Committee first. For translations request of written materials developed by CHCO, such as signs, boards, diagnostic studies, patient evaluation summaries, consent and research forms, please submit your requests through our online request process. Please note that we cannot translate copyrighted documents or content created by a third party. We ask that you submit your translation request in a word document whenever possible.

Details regarding the steps and requirements for submitting a Translation Services Request and a COMIRB amendment for the translated study documents are provided below.

If you have questions or needing assistance submitting a translation request or a COMIRB amendment, you may email [ROCS@childrenscolorado.org](mailto:ROCS@childrenscolorado.org).

### Request Translation Services

To access the Translation Services, you must be on the CHCO VPN. Go to the medical interpreters Home page [here](#) and scroll to the "Other written materials" section and click the link for [online requests](#).

You will fill out the following fields on the form:

1. Document Title: This will include the COMIRB # and the Study Name in addition of the type of document it is. For example, XX-XXXX Study Short Title Consent Form
2. Select Time Frame: You will select the desired time needing the study document translated. The time frame you select is usually met unless there is a backlog of requests
3. Type of Document: If you are requesting to translate a consent and/or assent form, you will select *Consent/Legal*. If you are requesting to translate an information sheet or flyer, you will select *Flyer/Brochure*
4. Project Type: Select *New*
5. Language: Select what language the study document will be translated to
6. Department: Enter your home department
7. Research/Grant Document: select *Yes*
8. Intended Audience: Select *Patient* and *Family* (unless otherwise)
9. Contact Information: Enter your contact information
10. Attach Documents: Upload the document to be translated. **Make sure the study document is in Word format, not a PDF**

*Before you click Submit, be sure to keep a copy of the Project Request Number for your records.*

For questions, concerns, or urgent requests, or for any trouble with the online format, please submit your requests to [chcotranslations@childrenscolorado.org](mailto:chcotranslations@childrenscolorado.org) or contact the department manager at 720-777-5864.

Below is an example of the request form for translating a study document.

# Medical Interpreter Department Translation Request Form

## Document Information

\*Required Field

<b>Document Title *</b>	XX-XXXX Telehealth Satisfaction Survey Cons...	<b>Project Request Number</b>	178726
<b>Select Time Frame</b>	Select...	<b>Date Requested</b>	5/1/2020
<b>Type of Document</b>	<input type="checkbox"/> After Visit Summary <input type="checkbox"/> Evaluation/Report <input type="checkbox"/> Webpage Text <input type="checkbox"/> Letter/Correspondence <input checked="" type="checkbox"/> Consent/Legal <input type="checkbox"/> Signage <input type="checkbox"/> PT/Fam Education <input type="checkbox"/> Letter Correspondence <input type="checkbox"/> Recording Script <input type="checkbox"/> Power Point <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/>	<b>Project Type</b>	New
<b>Language</b>	English to Spanish  OR Select... to English		
<b>Department *</b>		<b>Is this a Research/Grant Document?</b>	<input type="radio"/> No <input checked="" type="radio"/> Yes
<b>Intended Audience</b>	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Family <input type="checkbox"/> ExternalClinic <input type="checkbox"/> Staff <input type="checkbox"/> Volunteers <input type="checkbox"/> InternalClinic <input type="checkbox"/>		

## Contact Information

<b>Name of Person Requesting Translation *</b>	Name	<b>Phone Number *</b>	720-777-XXXX
		<b>Email Address *</b>	firstname.lastname@childrenscolorado.org
<b>Comments or additional information regarding the documentation (please DO NOT copy/paste your content here). Limit of 75 characters.</b>			
<b>Attach document(s) here *</b>	<p><b>PLEASE SUBMIT ALL DOCUMENTS IN WORD FORMAT.</b></p> <p>Please note that due to legal/copyright reasons, we are not able to translate third party documentation.</p> <p><a href="#">Click here to attach a file</a></p>		

Submit

## COMIRB Amendment Submission

Once you receive the translated study document(s) along with the translation certificate, you will need to submit an COMIRB amendment to have the study document(s) approved. The amendment submission will include a cover letter, the Change Form, the translated study document, and the translation certificate.

The cover letter will describe the amendment, such as, 1) What is the purpose of the amendment? 2) What is the rationale for the amendment?

The Change Form will have the details of the study changes, which in this case, is describing the translated study documents (example of form below).

**1) Special review considerations (check any that apply):**

- a) This protocol currently involves the VAMC ('VA-only' or 'Multi-site protocol involving the VA')
- b) This study addresses a cancer-related question or population
- c) This protocol is under Institutional Biosafety Committee (IBC) oversight
- d) This protocol is under Radioactive Drug Research Committee (RDRC) oversight
  
- e) A new performance site is being added with this change request
- f) Personnel changes requested
- g) Enrollment number change requested
- h) A new vulnerable population is being requested for enrollment
- i) Is the status of the protocol (e.g., enrolling, long-term follow-up, data analysis) changing?
- j) This study is being managed through OnCore

**2) All study documents relevant to the change you are requesting must be revised to reflect the requested changes.** <sup>①</sup>

Please list below all of the documents you have revised to reflect the requested changes and plan to submit as part of this change request:

*Please list each document on a separate line and include version date* <sup>①</sup>

Spanish Consent Form v 05.06.2019  
Certification of Translator v 06.10.2019

**3) Description of Change:** <sup>①</sup>

Approved English consent form has been translated into Spanish