



Application for Disclosure of National RHSCIR Data (Data Access Request),
 PRAXIS DAR #: _____

PART A: REQUESTOR INFORMATION		
A1. Requestor (Primary Contact)		
Last Name:	First Name:	Initials:
Position/Title:		
Telephone:	Email:	
Organization(s):		
Address:		
A2. Principal Individual and Principal Organization ultimately accountable for the privacy, security and confidentiality of the requested data and actions of all individuals requiring access to the requested data.		
<input type="checkbox"/> Same as Requestor		
Last Name:	First Name:	Initials:
Position/Title:		
Telephone:	Email:	
Organization:		
Address:		
A3. Provide a general description of what the Principal Individual and Principal Organization does:		
Principal Individual:		
Principal Organization:		
A4. Is the Principal Individual (affiliated with) a RHSCIR Facility/Site Investigator?	<input type="checkbox"/> Yes • Name of Investigator: • Signature of Investigator: <input type="checkbox"/> No	
A5. Is the Principal Individual a Praxis researcher/employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

A6. Identify who is sponsoring/funding the project: <i>Identify ALL sponsoring, funding, commissioning and contracting sources, including those requested but not yet confirmed, with expiry dates.</i>		<input type="checkbox"/> No funding
Source	Expiry Date	
A7. Identify conflict of interests: <i>Identify ALL potential, perceived or actual conflict of interests of the Principal Individual and ALL team members. For example, If the Principal Individual (or a team member), and/or their spouse, domestic partner or child, has an association or connection of any kind, whether financial or non-financial, to any sponsor, project, device, program, etc. being evaluated, provide details below.</i> <i>Examples of financial interests include ownership of stocks, bonds, options, patent or royalty interests, receipt of consulting, honoraria, or speaking fees, salary, loans, lectureships, memberships on boards or committees.</i> <i>Examples of non-financial relationships include previous research collaborations, student/teacher relationships, other personal or professional relationships, professional differences, or any other connection that might lead to the perception of influence on the project.</i>		
A8. In case of a research project, specify Co-Investigator(s):		<input type="checkbox"/> N/A
Name	Position/Title	Organization(s)

<p>A9. Provide contact information of all individuals requiring access to the requested data: <i>Identify all individuals, excluding the Principal Individual, who will have access to the requested data AT ANY TIME. This includes any Co-Investigators listed above.</i></p> <ul style="list-style-type: none"> <i>The requested data means the information described in section B11-B12 of this application. The requested data excludes the final results of any analysis created or produced using the requested data, i.e., aggregate data.</i> 	
<p>Last Name: First Name: Initials:</p>	<p>Phone: Email:</p>
<p>Role and responsibilities in the project:</p>	<p>Organization(s): Department: Address: Or <input type="checkbox"/> Same as Principal Individual</p>
<p>Last Name: First Name: Initials:</p>	<p>Phone: Email:</p>
<p>Role and responsibilities in the project:</p>	<p>Organization(s): Department: Address: Or <input type="checkbox"/> Same as Principal Individual</p>
<p>Last Name: First Name: Initials:</p>	<p>Phone: Email:</p>
<p>Role and responsibilities in the project:</p>	<p>Organization(s): Department: Address: Or <input type="checkbox"/> Same as Principal Individual</p>
<p>Last Name: First Name: Initials:</p>	<p>Phone: Email:</p>
<p>Role and responsibilities in the project:</p>	<p>Organization(s): Department: Address: Or <input type="checkbox"/> Same as Principal Individual</p>

Copy this page as required. Please specify total copies of this page included in the application:

PART B: PROJECT AND DATA INFORMATION
B1. Project title:
B2. Project goal(s) and objective(s):
B3. Describe expected or anticipated merit to be derived from the requested data (e.g., scientific and/or public interest benefit): (Limit to 200 words)
B4. Describe the data analyses to be conducted:
B5. Anticipated end date (including dissemination of the results) of the project (ddMonyyyy)?
B6. Describe study cohort (cohort of interest, comparison group, overall study population) and date range:
B7. Has a project outline/proposal been prepared? <input type="checkbox"/> Yes. Please append project outline/proposal. <input type="checkbox"/> No.
B8. Has the project been peer reviewed yet? <input type="checkbox"/> Yes. Please append proof of peer review (e.g., funding/institutional/supervisory letter of review). <input type="checkbox"/> No. Please append CV of the Principal Individual.
B9. Purpose(s) for data access request: <input type="checkbox"/> Access to RHSCIR data for one (or more) of the following five ethics approved, patient consented permitted purpose(s): (Check all that apply) <input type="checkbox"/> <u>Clinical Support and Management:</u> To promote, encourage and develop an efficient and effective national health data retrieval and management reporting service. <input type="checkbox"/> <u>Research Support:</u> To create a clinical and epidemiological based information service in order to promote collaboration between scientists and clinicians, and support true translational research, as well as provincial/territorial, national and international data exchange and collaboration. <input type="checkbox"/> <u>Partnerships and Quality Improvement:</u> To demonstrate flexibility in helping partners to achieve their SCI information goals. <input type="checkbox"/> <u>Quality Data and Information:</u> To ensure the quality of data stored in the national RHSCIR data holding. <input type="checkbox"/> <u>Business Planning and Development:</u> To remain current with changing trends and issues in health care management. <input type="checkbox"/> Access to RHSCIR data for purposes(s) that fall outside the scope of the five permitted purpose(s) described above. Please specify: (Limit to 50 words) <i>If outside the scope of the permitted purposes or additional data will be collected, pooled or linked, the Principal Investigator must develop and seek ethics approval for their research protocol.</i>

B10. Ethics review: Does this project require ethics review and approval?

- Yes. Identify all ethics review bodies and status of applications (i.e., approved, under review, or not submitted yet). If the application is under review, indicate anticipated approval date.

As applicable, append the research protocol, a copy of valid ethics certificate(s) and conditions imposed by the ethics review bodies, or proof of ethics submission(s) with this application.

- No. Explain why not:

B11. Type of record-level data requested: How do you wish to specify the data requirements?

(Check all that apply)

- Describe the timeframe for the data requested, it is recommended to request data from 2014 onwards (as the versions are more consistent from this time onwards), if requiring earlier data (2004 onwards), please provide justification:
- Describe data needs in plain language description, using the following categories:
Demographics/injury detail/medical history:
Visit details:
Interventions:
Complications:
Neurology:
Mobility:
Functional independence/quality of life/life satisfaction:
Health care utilization:
Contact information:
Data linkages (administrative data):
Any other relevant notes or information (logic for creation of derived variables etc.):
- Choose from a list of RHSCIR data elements.
Open the [RHSCIR Data Element Checklist](#) and check off the data elements (or grouping(s) of elements) you need. Save the checklist and append the file to this application. The following file name convention is recommended: "RHSCIR Data Element Checklist_YYYYMMDD_First & Last Name of Requestor" where the date YYYYMMDD refers to the date the last changes were made. For example, requestor Paul Jones would save the file he created on 15 Aug 2014 as "RHSCIR Data Element Checklist_20140815_Paul Jones".
- If the intent is to link to / pool RHSCIR data with data from another source, describe this linkage/pooling in plain language description:

Final specifications will be determined through further consultation with the RHSCIR Data Steward.

B12. Facilities/Sites: List RHSCIR facilities/sites from which data is requested:

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> All | <input type="checkbox"/> All acute facilities/sites | <input type="checkbox"/> All rehab facilities/sites |
| Or Vancouver, BC | <input type="checkbox"/> Vancouver General Hospital (acute facility) | |
| | <input type="checkbox"/> GF Strong Rehab Centre (rehab facility) | |
| Calgary, AB | <input type="checkbox"/> Foothills Hospital (acute and rehab facility) | |
| Edmonton, AB | <input type="checkbox"/> University of Alberta Hospital (acute facility) | |
| | <input type="checkbox"/> Royal Alexandra Hospital (acute facility) | |
| | <input type="checkbox"/> Glenrose Rehabilitation Hospital (rehab facility) | |
| Saskatoon, SK | <input type="checkbox"/> Royal University Hospital (acute facility) | |
| | <input type="checkbox"/> Saskatoon City Hospital (rehab facility) | |
| Winnipeg, MB | <input type="checkbox"/> Winnipeg Health Sciences Centre (acute and rehab facility) | |
| Toronto, ON | <input type="checkbox"/> Toronto Western Hospital (acute site) | |
| | <input type="checkbox"/> St. Michael's Hospital (acute site) | |
| | <input type="checkbox"/> Sunnybrook Health Sciences Centre (acute site) | |
| | <input type="checkbox"/> Toronto Rehab Institute/Lyndhurst Centre (rehab site) | |
| Hamilton, ON | <input type="checkbox"/> Hamilton General Hospital (acute facility) | |
| | <input type="checkbox"/> Regional Rehabilitation Hospital (rehab facility) | |
| London, ON | <input type="checkbox"/> University Hospital, LHSC (acute facility) | |
| | <input type="checkbox"/> Victoria Hospital, LHSC (acute facility) | |
| | <input type="checkbox"/> Parkwood Hospital, LHSC (rehab facility) | |
| Ottawa, ON | <input type="checkbox"/> Ottawa Hospital (acute facility) | |
| | <input type="checkbox"/> The Rehabilitation Centre (rehab facility) | |
| Quebec City, QC | <input type="checkbox"/> Hôpital de l'Enfant-Jésus (acute facility) | |
| | <input type="checkbox"/> Institut de réadaptation en déficience physique de Québec (rehab facility) | |
| Montreal, QC | <input type="checkbox"/> Hôpital du Sacré-Cœur de Montréal (acute facility) | |
| | <input type="checkbox"/> Institut de réadaptation Gingras-Lindsay-de-Montréal (rehab facility) | |
| Halifax, NS | <input type="checkbox"/> QEII Health Sciences Centre (acute facility) | |
| | <input type="checkbox"/> Nova Scotia Rehab Centre (rehab facility) | |
| Saint John, NB | <input type="checkbox"/> Saint John Regional Hospital (acute facility) | |
| Fredericton, NB | <input type="checkbox"/> Stan Cassidy Centre for Rehabilitation (rehab facility) | |
| St. John's | <input type="checkbox"/> St. John's Health Sciences Centre (acute facility) | |
| | <input type="checkbox"/> L.A. Miller Rehabilitation Centre (rehab facility) | |

B13. Are the contributing RHSCIR Facility/Site Investigators engaged or are there plans to engage them?

Yes No. Please specify:

B14. Are individuals with lived experienced engaged or are there plans to engage them?

Yes. Please provide details:

No

B15. What's the plan to disseminate the results of the analyses?

For external use. Please specify [i.e., publication(s), presentation(s)]:

For internal use. Please specify:

PART C: NOTES	
<p>C1. Praxis has reporting obligations to many of its funders and research participants. As a result, details of projects may be disclosed to Praxis funders and the general public (such as on Praxis websites and e-newsletters).</p> <p>C2. Application (i.e., signed and scanned) and appendices must be submitted electronically to the RHSCIR Data Steward via: DataServices@praxisinstitute.org.</p> <p>C3. The Research Extracts will be housed on the Secure Research Environment (SRE) at Population Data BC, unless otherwise authorized. The SRE is a central server to which secure remote access, storage and back-ups are provided to the project-specific Research Extracts, and for the provision of data analysis software. Please see https://my.popdata.bc.ca/html/SRE/home.html for more information (including a list of the software available on the SRE).</p>	
PART D: DECLARATION & SIGNATURE OF PRINCIPAL INDIVIDUAL	
<p><input type="checkbox"/> I declare that all the information in this application is complete and correct.</p> <p><input type="checkbox"/> I declare that I, the Principal Individual, agree to sign a Research Agreement with Praxis.*</p> <p><input type="checkbox"/> I declare that the Principal Organization agrees to sign a Research Agreement with Praxis.*</p> <p><input type="checkbox"/> I declare that all individuals requiring access to the requested data (as listed in section A9) agree to sign a Confidentiality Pledge, as one of the conditions of them having access to the data.*</p> <p>*as applicable.</p>	
Name:	
Signature:	
Date signed (dd Mon yyyy):	

FOR PRAXIS USE ONLY:	
Application received:	
PRAXIS DAR #:	
Application reviewed by:	
Date application reviewed:	
Comments:	