

Canadian Neonatal Network™/ Le Réseau Néonatal Canadien



Application for Requests from Researchers

Name of Researcher (Last, First, Initials): _____

Address: _____

Phone: () _____ Ext _____

Fax: () _____

Email: _____

Institutional Affiliation (include department if applicable) and Position:

Academic Advisor (if student): _____

Please print and mail/fax the completed application

ATTN: Sandy Maksimowska, Interim CNN Coordinator
Mount Sinai Hospital
700 University Avenue, Room 8-500
Toronto, Ontario
M5G 1X6

tel: 416-586-4800 ext 3828

fax: 416-586-8745

email: smaksimowska@mtsinai.on.ca

Office Use Only:

REQ# _____

Date application received: _____ Request Approved: Y N Date: _____



Application for Requests from Researchers

RESEARCHERS: Application for Access to CNN Data/Services

Project Title: _____

Primary Investigator & Institution: _____

Co-investigators: _____

Funding Agency (If Applicable): _____

Funding Period (If Applicable): From: _____ To: _____

PLEASE ATTACH a 1 page summary of your proposed research project including:

1. Background
2. Research question
3. Proposed research & statistical methodologies
4. Expected outcome
5. Possible impact of results

Current Status: Completed Ongoing Planned

Specific variables requested:

Time frame (years of data) requested: _____

Research cohort requested: _____

Specify preferred format of data (Excel, flat file, etc): _____

Date when data required: _____

I have read and agree to abide by the Terms of Reference (p. 4).

Applicant Signature

Date



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Project Reviews

All applications are required to complete the sections below.

1) Is the project funded by a recognized grant funding agency?

No

Yes

****please attach**** a copy of the funding letter and specify the granting agency:

CIHR NSERC SSHRC CHSRF

Other (specify): _____

2) Is the project a thesis/dissertation?

No

Yes

****please attach**** a letter from the committee chair

3) Is the project done under contract?

No

Yes please specify the contracting organization's contact:

Organization: _____

Name: _____

Phone: _____

Email: _____

4) Has the project been approved following a formal ethics committee review?

No Pending

Yes

****please attach**** a copy of the ethics approval certificate



Application for Requests from Researchers

Terms of Reference

1. The undersigned will comply with the Ontario Personal Health Information Protection Act and regulations made under the Act.
2. The Canadian Neonatal Network™ will provide the undersigned with definitions and limitations of the data upon its release. The undersigned will provide the CNN with copies of written material(s) intended to be published or distributed. The CNN has the authority to remove elements considered inappropriate for publication or distribution.
3. The undersigned understands that s/he is responsible for maintaining the security and confidentiality of all information provided to them by the CNN. Data provided will be used by the undersigned only. The undersigned shall ensure that there is no unauthorized access to or modification of the data, misuse of data or breach of confidentiality. In the event that confidentiality of data or the security of any computer systems/networks is suspected to be jeopardized, the undersigned will notify the CNN immediately.
4. The undersigned agrees to destroy all data and return original media to the CNN at the conclusion of the research project. All destruction will be confidential and complete to prevent access or reconstruction by unauthorized persons. The undersigned shall notify the CNN once this has been carried out.
5. The undersigned will not use the information for any purpose other than the purposes described in this application. Secondary analysis requires additional request for approval.
6. The undersigned will appropriately reference the Canadian Neonatal Network™ as the source of the data for all reports, presentations or publications using data from the CNN Database.
7. Fees may be charged as defined in schedules to this Agreement.