









Name of Applicant:	
Work Address:	
Phone:	
Email:	
Affiliated Institution:	
Department:	
Position:	

Attach a research proposal including:

Academic Advisor (if applicant is a student):

- 1. Background
- 2. Research question
- 3. Proposed research & statistical methodologies
- 4. Timeframe (years of data)
- 5. Inclusion/exclusion criteria
- 6. Expected outcomes & mock tables
- 7. Possible impact of results
- 8. Specific variables requested

Electronically submit the application and research proposal to:

- * Priscilla.Chan@sinaihealthsystem.ca
 - *If your application requests for CPTBN data, copy Charlene.Wong@sinaihealthsystem.ca
 - *If your application requests for CNTN data, copy kyong-soon.lee@sickkids.ca
 - *If your application requests for **CNFUN data**, copy cnfun@cw.bc.ca
 - *If your application requests for **CAPSNet data**, copy <u>capsnet@cw.bc.ca</u>

Contact the Coordinating Centre if you do not hear back within 2 weeks of submission.

Priscilla Chan, CNN Coordinator: 416-586-4800 ext 3833 Charlene Wong, CPTBN Coordinator: 416-586-4800 ext 7864

Project Title:

*** CPTBN Data Requests require the participation of a member of each network from which data is required***

Primary Investigato	r:				
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Senior Co-investigat	tor:				
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Co-investigator:					
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Co-investigator:					
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Co-investigator:					
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Co-investigator:					
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Co-investigator:					
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN
Co-investigator:					
Network Affiliation:	CPTBN	CNN	CAPSNet	CNTN	CNFUN

Project Reviews:

Applicant Signa	nture	Date	
I have read and c	agree to abide by the Terms	of Reference (p. 4).	
	Email:		
	Phone:		
	Name:		
	Organization:		
Yes	*Please specify the con	tracting organization's contact below	
4. Is the project No	t done under a contract?		
Yes	*Please attach a letter	from the committee chair	
3. Is the project No	t a thesis/dissertation?		
Yes	*Please attach a copy o	of the funding letter from the granting agency	
2. Is the project	t funded by a recognized gra	ant funding agency?	
Yes	*Please attach a copy o	of the ethics approval certificate	
Pending	*Please update status o	of the application to the MiCare Research Cent	re
No	*Please seek approval f	from your local Research Ethics Board	
1. Has the proje	ect been approved following	g a formal ethics committee review?	

Terms of Reference:

- 1. The undersigned will comply with the Freedom of Information and Protection of Privacy Act (FIPPA), the Privacy Act and the Personal Information Protection and Electronic Documents Act (PIPEDA), and other relevant provincial legislations in which the networks' data reside.
- 2. The primary investigator is responsible for obtaining ethics approval for the project from his/her primary institution. Copy of such approval must be forwarded to the Maternal-Infant Care Research Centre (MiCare Research Centre) prior to the release of results.
- 3. The MiCare Research Centre will provide the undersigned with definitions and limitations of the data upon its release. The undersigned will provide the MiCare Research Centre with copies of final manuscripts intended to be published or distributed. Abstracts submitted for conference presentations could be reviewed by the Canadian Preterm Birth Network (CPTBN) Scientific Advisory Committee but this responsibility is delegated to the Senior Investigator on the application. The CPTBN Scientific Advisory Committee has the authority to remove elements considered inappropriate for final manuscript publication or distribution.
- 4. In accordance with privacy regulations, the MiCare Research Centre will not provide raw data to any investigators. Only aggregate results will be provided and any small cell size (≤ 5) will be suppressed due to the risk of re-identification. Individual patient data can be released to investigators only after investigators obtained REB approval from participating site(s) for which they are seeking data.
- 5. The undersigned understands that s/he is responsible for maintaining the security and confidentiality of all information provided to them by the MiCare Research Centre. Results provided will be used by the undersigned only. The undersigned shall ensure that there is no unauthorized access to or modification of the results, misuse of results or breach of confidentiality. In the event that confidentiality of results or the security of any computer systems/networks is suspected to be jeopardized, the undersigned will notify the MiCare Research Center immediately.
- 6. 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.
- 7. The undersigned will appropriately reference the CIHR-funded Canadian Preterm Birth Networkand/or individual network(s) as the source of the data for all reports, presentations or publications.
- 8. Fees may be charged as defined in schedules to this Terms of Reference.