

# Canadian Preterm Birth Network Application for Network Data



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Name of Applicant:

Work Address:

Phone:

Email:

Affiliated Institution:

Department:

Position:

Academic Advisor (if applicant is a student):

**Attach a research proposal including:**

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:**

\* [CNN.EPIQ@sinahealth.ca](mailto:CNN.EPIQ@sinahealth.ca)

\*If your application requests for **CNTN data**, copy [kyong-soon.lee@sickkids.ca](mailto:kyong-soon.lee@sickkids.ca)

\*If your application requests for **CNFUN data**, copy [isabelle.lahaie.hsj@ssss.gouv.qc.ca](mailto:isabelle.lahaie.hsj@ssss.gouv.qc.ca)

\*If your application requests for **CAPSNet data**, copy [capsnet@cw.bc.ca](mailto:capsnet@cw.bc.ca)

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

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# Canadian Preterm Birth Network

## Application for Network Data

Project Title:

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

**Primary Investigator:**

Network Affiliation: CPTBN      CNN      CAPSNet      CNTN      CNFUN

**Senior 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

**Co-investigator:**

Network Affiliation: CPTBN      CNN      CAPSNet      CNTN      CNFUN

# Canadian Preterm Birth Network

## Application for Network Data

### Project Reviews:

1. Has the project been approved following a formal ethics committee review?  
No                    *\*Please seek approval from your local Research Ethics Board*  
Pending            *\*Please update status of the application to the MiCare Research Centre*  
Yes                   *\*Please attach a copy of the ethics approval certificate*
  
2. Is the project funded by a recognized grant funding agency?  
No  
Yes                   *\*Please attach a copy of the funding letter from the granting agency*
  
3. Is the project a thesis/dissertation?  
No  
Yes                   *\*Please attach a letter from the committee chair*
  
4. Is the project done under a contract?  
No  
Yes                   *\*Please specify the contracting organization's contact below*  
                         Organization:  
                         Name:  
                         Phone:  
                         Email:

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

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**Applicant Signature**

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**Date**

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### Terms of Reference:

## **Canadian Preterm Birth Network Application for Network Data**

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 ( $\leq 5$ ) 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 Network and/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.