Application to Request Record-Level Information for Secondary Use

Name of Initiative/Study:

Reason for Request:

☐Research ☐Program Evaluation/Health System Planning ☐Quality Assurrance

☐Other Specify:

Part A: Contact Information

A.1. Provide contact information for the applicant and primary contact.

A.2. Provide names and email addresses for all other persons associated with the initiative.

Part B: Description of Project

B.1. Please provide a bulleted list of your specific objectives.

B.2. Indicate the type of study:

☐Cross-sectional ☐Cohort ☐Case-control ☐Observational
☐Other (Specify):

B.3 Study Population/Groups of Interest:

B.4. Study Time Period (range of years required):

B.5. Outcomes of Interest:

Part C: Requested Data and Services

C.1. Using the check boxes, please specify which database(s) you are requesting.

- ☐ **Canadian Chronic Disease Surveillance System (CCDSS)**
- ☐ **Provincial Discharge Abstract Database (PDAD) (Hospitalization Data)**
- ☐ **Canadian Primary Care Sentinel Surveillance Network – EMR (CPCSSN)**
- ☐ **Client Registry (CR)**
- ☐ **MCP Fee-for-Service Physician Claims**
- ☐ **MCP Beneficiary Registry**
- ☐ **MCP Provider Registry**
- ☐ **NLCHI Live Birth System**
- ☐ **NLCHI Mortality System**
- ☐ **Statistics Canada's Annual Mortality Data File**
- ☐ **Suicide Database**
- ☐ **Stillbirth Database**
- ☐ **Rehabilitation Database**
- ☐ **OTHER (Please List):**

C.2. Will you be providing data to the Centre to use in the requested linkage/analysis/etc.?

☐ **Yes** ☐ **No** **Note: Transfers of record-level data must be completed via the Centre's secure Managed File Transfer (MFT) system.*

If Yes, Please list the external data sources, variables to be included, and attach a copy of data dictionaries for all external data sources. ***(attach additional pages, if required)***

C.3. Please provide the name and contact information of the individual who will be responsible for sending and/or receiving the data/information via secure data transfer.

Sender:	**Receiver:**
Name:	Name:
Organization:	Organization:
Position:	Position:
Telephone:	Telephone:
E-Mail:	E-Mail:

C.4. Specify what data services will need to be provided by the Centre

☐Data Extraction ☐Data Analysis ☐Data Linkage ☐De-identification ☐Retention of Study Key

☐Other – Specify:

C.5 Please provide a description of the proposed data flow:

C.6. What type of information is required?

☐***Identifiable** *(information that could be used to re-identify an individual through a combination of indirect identifiers (e.g., date of birth, place of residence or unique personal characteristics) using reasonably foreseeable means)*

☐***De-Identified/coded** *(information that is created when identifiers are removed and replaced with a code. Depending on access to the code, it may be possible to re-identify specific individuals (e.g., individuals are assigned a code name and the custodian retains a list that links the code name with the particular individual's actual name so data can be re-linked if necessary.) Custodians who have access to the code and the data will be considered to have identifiable information.*

☐***Anonymized**: *(information is irrevocably stripped of identifiers, and a code is not kept to allow future linkages.)*

*(*Source: Government of NL PHIA Policy Development Manual)*

C.7. Please specify the desired format of the final dataset:

☐**SPSS** ☐**SAS** ☐**Excel** ☐**Access** ☐**Other – Specify:**

C.8. Will this data be required on an ongoing basis? ☐**Yes** ☐**No**

If yes, provide a rationale that explains why you require this data on an ongoing basis.

Part D: Privacy and Security

D.1. Is the data requested the minimum amount of data needed to the meet the project objectives? Please ensure you've provided rationale for each element requested on the Variable List document.

D.2. Describe how the data provided by the Centre as a result of this service will be linked to or combined with other data (if applicable). For each additional data source to be linked with data provided by the Centre, a letter authorizing use of the data for this project must be attached with the application.

D.3. List the individuals who will have access to the requested data for the purposes of the project, and describe why their access is necessary as well as their role in relation to the project.

D.4. Describe how the requested data will be stored, as well as the physical, administrative, and technical safeguards that will be used to ensure limited access.

D.5. How long will the requested data be retained? Provide justification for the length of time that the requested data will be retained.

D.6. Describe how and when the data will be destroyed or returned to the Centre.

Supporting Documentation Checklist (as applicable)

☐ Valid PHIA online education course certificate attached - http://nlchi.skillbuilder.ca/home

☐ Copies of Research Ethics Board applications and approval attached. These copies must also include all supporting documentation and documentation pertaining to amendments.

☐ Authorizing letters for use of additional data for the initiative have been attached.

☐ Copies of privacy policies or statements of information practices have been attached.

☐ A complete variable list (with rationale) has been attached.
(Variable List found at https://www.nlchi.nl.ca/index.php/quality-information/information-requests/record-level-information

☐ The application is **signed** and **dated**

- ***All applications must be completed electronically and kept in original format.***
- ***Once completed, this application, and all accompanying documents must be submitted to the Information Request Coordinator, Newfoundland and Labrador Centre for Health Information (NLCHI): InfoRequests@nlchi.nl.ca***
- ***Submission dates and deadlines may be found at:***
  https://www.nlchi.nl.ca/images/PDFs/Submission_Dates_Deadlines_-_2017.pdf

By signing and submitting this application to request data, I understand that the content of the application and all submitted attachments will be used to evaluate the request. Any use of the data granted in response to this request is provided under the expectation of adherence to the representations made within the application and attachments. I further understand that additional conditions may be specified in relation to the use of this data.

Signature of Applicant:

X_____

Print/type name:_____

Date(yyyy/mm/dd):_____

Signature of Program Director/Principal Investigator/Academic Advisor:

X _____

Print/type name: _____

Date(yyyy/mm/dd): _____

Sign and Submit