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| **Applicant Information** | | | | | | | | | | | |
| Name: | | | |  | | | Date: | | | | **(mm-dd-yy)** |
| Department: | | | |  | | | Date required: | | | | **(mm-dd-yy)** |
| Hospital: | | | |  | | | Phone: | | | |  |
| Email: | | | |  | | |  | | | |  |
| **Individuals who will have access to data** | | | | | | | | | | | |
|  | **Name** | | | | **Department** | | | | | **Email** | |
| 1) |  | | | |  | | | | |  | |
| 2) |  | | | |  | | | | |  | |
| 3) |  | | | |  | | | | |  | |
| 4) |  | | | |  | | | | |  | |
| **Intended Use for Data Request** | | | | | | | | | | | |
|  | Research Project – *Please attach*: | | | | |  | | Administration | | | |
|  | 1. UBC REB Approval Certificate 2. Research Protocol 3. Summary indicating role/function of applicant and objectives of data request | | | | |  | | Quality Assurance / Improvement | | | |
|  |  | | Other: |  | | |
| **Sites Requested** | | | | | | | | | | | |
| *Data requests for the following VCH-PHC sites require approval from the Critical Care Medical Lead/Director of* ***each*** *site. Also note that approval from the Critical Care Governance Committee is required for data requests for multiple sites.* | | | | | | | | | | | |
| VCH-PHC | |  | Vancouver General Hospital | | |  | | St. Paul’s Hospital | | | |
|  | Lions Gate Hospital | | |  | | Mt. St. Joseph’s Hospital | | | |
|  | Richmond Hospital | | |  | |  | | | |
| *Data requests for the following Health Authorities require approval from the Regional Critical Care Medical Lead/Director of the respective Health Authority. Also note that approval from the Critical Care Governance Committee is required for data requests for multiple sites and/or Health Authorities.*  *Note that data requests for these Health Authorities will be forwarded to the relevant Health Authority for processing by them. We DO NOT provide data for other Health Authorities. The ICUDB Central Office will facilitate the initial stages of the data request process by linking you with the relevant contacts so that you can liaise directly with the relevant Health Authority for follow-up.* | | | | | | | | | | | |

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| **Sites Requested *(CON’T)*** | | | | | | | | | | | |
| FHA | |  | | Royal Columbian Hospital |  | | Surrey Memorial Hospital | | | | |
|  | | Abbotsford Regional Hospital |  | | Burnaby General | | | | |
|  | | Langley Memorial Hospital |  | | Peace Arch Hospital | | | | |
|  | | Ridge Meadows Hospital |  | | Chilliwack General Hospital | | | | |
| IHA | |  | | Penticton General Hospital |  | | Kelowna General Hospital | | | | |
|  | | Royal Inland Hospital |  | | Kootenay Boundary Regional Hospital | | | | |
|  | | Vernon Jubilee Hospital |  | | East Kootenay Regional Hospital | | | | |
|  | | Shuswap Lake Hospital |  | |  | | | | |
| VIHA | |  | | Victoria General Hospital |  | | Nanaimo Regional Hospital | | | | |
|  | | Royal Jubilee Hospital |  | |  | | | | |
| NHA | |  | | University Hospital of Northern BC |  | |  | | | | |
| **Data Requested** | | | | | | | | | | | |
| * *Please answer all questions a – f below* | | | | | | | | | | | |
| 1. I am requesting patient-identifying information: | | | | |  | | | Yes |  |  | No |
| * *If yes, please select variable(s) below* | | | | |  | | |  |  |  |  |
| Why are you requesting these data? (attach additional documents if needed) | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | Patient Identifier(s) Requested | | | |  | | | | | | |
|  |  | | Name (first or last) | |  | Address (Street, City or Postal Code) | | | | | |
|  |  | | Date of birth | |  | MRN | | | | | |
|  |  | | PHN | |  | Ethnicity | | | | | |
| 1. Patient master admissions file: | | | | |  | Yes | | |  |  | No |
| * *includes patient-identifying demographic, admission and outcome data)* * *note this data is available from 2010 onwards* | | | | | | | | | | | |
| 1. Identify any *specific* data variables you need: | | | | | | | | | | | |
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| **Data Requested *(CON’T)*** | | | | | | | | | | | | | | | | | | |
| 1. List the date range requested (by ICU admission date) | | | | | | | | | | | | | | | | | | |
|  | From date | | | **(mm-dd-yy)** | | | | | | To date | | | | | | **(mm-dd-yy)** | | |
| 1. Indicate if the data request is: | | | | | |  | One-time | | | | | |  | | Recurring frequency: | | |  |
| 1. How would you like to receive the data? | | | | | | | | | | | | | | | | | | |
|  |  | Shared network folder | | | | | | |  | | | |  | | Excel attachment by email | | | |
| * *Note that data containing patient identifiers will only be shared via a ‘shared network folder’* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Plan for data privacy and security** | | | | | | | | | | | | | | | | | | |
| * *MUST be completed if you requested to receive patient identifying information* | | | | | | | | | | | | | | | | | | |
| 1. Where and how will the data be stored? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Will personal identifiers be removed from local electronic / printed copies? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. How will personal identifiers be secured (select all that apply)? | | | | | | | | | | | | | | | | | | |
|  | Encryption | | | |  | Password | | | |  | Other: | | | |  | | | |
| 1. Will you share data containing personal identifiers with other individuals? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Will the data be saved to a USB or Flash drive at any point? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Please acknowledge that you will delete all hard or electronic copies once the project is complete. | | | | | | | | | | | | | | | | | | |
|  | Yes | | Expected date of destruction: | | | | | | | | | **(mm-dd-yy)** | | | | | | |
| 1. How will access to information and privacy compliance be monitored or audited? | | | | | | | | | | | | | | | | | | |
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| **Local Site Approval for Data Request** | | | | | | | | | | | | | | | | | | |
| *All data requests MUST be approved by the local VCH-PHC medical site directors prior to release. Note that data requests for non-VCH/PHC Health Authorities will be forwarded to the relevant Health Authority for processing by them. We DO NOT provide data for other Health Authorities. The ICUDB Central Office will facilitate the initial stages of the data request process by linking you with the relevant contacts so that you can liaise directly with the relevant Health Authority for follow-up.* | | | | | | | | | | | | | | | | | | |
|  | **Name** | | | | | | | **Site** | | | | | **Email** | | | | **Signature** | |
| 1) |  | | | | | | |  | | | | |  | | | |  | |
| 2) |  | | | | | | |  | | | | |  | | | |  | |
| 3) |  | | | | | | |  | | | | |  | | | |  | |
| 4) |  | | | | | | |  | | | | |  | | | |  | |
| **Attestation** | | | | | | | | | | | | | | | | | | |
| By signing below, I agree that I will abide to maintain the privacy and security requirements as outlined by the [UBC Research Ethics Board](https://ethics.research.ubc.ca/clinical-research-ethics/creb-guidance-notes/part-b-rise-application-guidance-notes) and the appropriate local health authority. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **(mm-dd-yy)** | | | | | |  | | | | |
| ***Name*** | | | | | | | | ***Date*** | | | | | | ***Signature*** | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Approval of Request by Medical Manager of Regional Critical Care Database | | | | | | | | | | | | | | | | | | |
| Approval by the Critical Care Database Governance Committee is required when data is requested across multiple sites and/or Health Authority with more than one medical manager as signatory. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **(mm-dd-yy)** | | | | | |  | | | | |
| ***Medical Manager Name and Title*** | | | | | | | | ***Date*** | | | | | | ***Signature*** | | | | |

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| --- |
| Once completed, please email or fax Data Request to: |
| Dr. Steve Ahkioon  Regional Critical Care Database Advisor  Email: [steve.ahkioon@vch.ca](mailto:steve.ahkioon@vch.ca)  Fax: 604-875-5957 |