

BC Provincial Critical Care Database Data Request Form

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				
<input type="checkbox"/>	Research Project – <i>Please attach:</i>	<input type="checkbox"/>	Administration	
<input type="checkbox"/>	1. UBC REB Approval Certificate 2. Research Protocol	<input type="checkbox"/>	Quality Assurance / Improvement	
<input type="checkbox"/>	3. Summary indicating role/function of applicant and objectives of data request	<input type="checkbox"/>	Other: <input style="width: 100%;" type="text"/>	
Sites Requested				
<p><i>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.</i></p>				
VCH-PHC	<input type="checkbox"/>	Vancouver General Hospital	<input type="checkbox"/>	St. Paul's Hospital
	<input type="checkbox"/>	Lions Gate Hospital	<input type="checkbox"/>	Mt. St. Joseph's Hospital
	<input type="checkbox"/>	Richmond Hospital		
<p><i>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.</i></p> <p><i>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.</i></p>				

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Sites Requested (CON'T)					
FHA	<input type="checkbox"/>	Royal Columbian Hospital	<input type="checkbox"/>	Surrey Memorial Hospital	
	<input type="checkbox"/>	Abbotsford Regional Hospital	<input type="checkbox"/>	Burnaby General	
	<input type="checkbox"/>	Langley Memorial Hospital	<input type="checkbox"/>	Peace Arch Hospital	
	<input type="checkbox"/>	Ridge Meadows Hospital	<input type="checkbox"/>	Chilliwack General Hospital	
IHA	<input type="checkbox"/>	Penticton General Hospital	<input type="checkbox"/>	Kelowna General Hospital	
	<input type="checkbox"/>	Royal Inland Hospital	<input type="checkbox"/>	Kootenay Boundary Regional Hospital	
	<input type="checkbox"/>	Vernon Jubilee Hospital	<input type="checkbox"/>	East Kootenay Regional Hospital	
	<input type="checkbox"/>	Shuswap Lake Hospital			
VIHA	<input type="checkbox"/>	Victoria General Hospital	<input type="checkbox"/>	Nanaimo Regional Hospital	
	<input type="checkbox"/>	Royal Jubilee Hospital			
NHA	<input type="checkbox"/>	University Hospital of Northern BC			
Data Requested					
<ul style="list-style-type: none"> • Please answer all questions a – f below 					
a) I am requesting patient-identifying information:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"> • If yes, please select variable(s) below 					
Why are you requesting these data? (attach additional documents if needed)					
Patient Identifier(s) Requested					
<input type="checkbox"/>	<input type="checkbox"/>	Name (first or last)	<input type="checkbox"/>	Address (Street, City or Postal Code)	
<input type="checkbox"/>	<input type="checkbox"/>	Date of birth	<input type="checkbox"/>	MRN	
<input type="checkbox"/>	<input type="checkbox"/>	PHN	<input type="checkbox"/>	Ethnicity	
b) Patient master admissions file:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<ul style="list-style-type: none"> • includes patient-identifying demographic, admission and outcome data) • note this data is available from 2010 onwards 					
c) Identify any specific data variables you need:					

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Data Requested (CON'T)				
d) List the date range requested (by ICU admission date)				
	From date	(MM-DD-YY)	To date	(MM-DD-YY)
e) Indicate if the data request is:				
	<input type="checkbox"/>	One-time	<input type="checkbox"/>	Recurring frequency:
f) How would you like to receive the data?				
	<input type="checkbox"/>	Shared network folder	<input type="checkbox"/>	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				
a) Where and how will the data be stored?				
b) Will personal identifiers be removed from local electronic / printed copies?				
c) How will personal identifiers be secured (select all that apply)?				
	<input type="checkbox"/>	Encryption	<input type="checkbox"/>	Password
	<input type="checkbox"/>	Other:		
d) Will you share data containing personal identifiers with other individuals?				
e) Will the data be saved to a USB or Flash drive at any point?				
f) Please acknowledge that you will delete all hard or electronic copies once the project is complete.				
	<input type="checkbox"/>	Yes	Expected date of destruction:	(MM-DD-YY)
g) How will access to information and privacy compliance be monitored or audited?				

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Local Site Approval for Data Request				
<p><i>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.</i></p>				
	Name	Site	Email	Signature
1)				
2)				
3)				
4)				
Attestation				
<p>By signing below, I agree that I will abide to maintain the privacy and security requirements as outlined by the UBC Research Ethics Board and the appropriate local health authority.</p>				
	(MM-DD-YY)			
Name	Date	Signature		
Approval of Request by Medical Manager of Regional Critical Care Database				
<p>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.</p>				
	(MM-DD-YY)			
Medical Manager Name and Title	Date	Signature		

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