

# RESEARCH REQUEST FOR DATA

Phone: 613-737-7228

Fax: 613-737-1028

www.rppeo.ca

## Instructions for use:

1. Complete parts A, B, C and D and read the TOH Privacy Policy. Note that you are able to save a copy of this form and revisit on multiple sessions.
2. Submit by email (research@rppeo.ca) or print and fax (613-737-1028) to the RPPEO.

Date of application:

## Part A: General Information

### Principal Investigator Contact Information

First Name:

Email:

Last Name:

Phone:

Organization:

Fax:

Address:

City:  Province:  Postal Code:

## Part B: Description of Research Project

Project title:

Description and objectives of the project:

Will you be submitting your project for REB approval?  Yes  No

If No, why not?

Is the research funded?  Yes  No if No, will you be applying for funding?  Yes  No

Name of funding agency:

Please review the [Cost Recovery Fee Structure](#) on page 4.

### Part C: Description of Data

Please provide a detailed description of the data you are requesting (population, sample size, date range of data) including rationale and justifications.

Which paramedic service(s) will be participating? / Which paramedic service data will you be requesting?

- |  |  |
|--|--|
| <input type="checkbox"/> Cornwall SDG Paramedic Services     | <input type="checkbox"/> Lanark County Paramedic Service                         |
| <input type="checkbox"/> County of Renfrew Paramedic Service | <input type="checkbox"/> Leeds Grenville Paramedic Service                       |
| <input type="checkbox"/> Frontenac Paramedic Service         | <input type="checkbox"/> Lennox & Addington Paramedic Services                   |
| <input type="checkbox"/> Hastings-Quinte Paramedic Service   | <input type="checkbox"/> Ottawa Paramedic Service                                |
|  | <input type="checkbox"/> United Counties of Prescott & Russell Paramedic Service |

Additional Comments:

Specify type of data: (aggregate, de-identified, identifiable)

Please provide a description of the analysis to be performed on the data:

Name(s) of study staff\* that will be using data (including email):

Name:

Email:

Name:

Email:

Name:

Email:

\* As per the Data Transfer Agreement Section 4(A), study staff permitted access to the data must have signed a confidentiality or non-disclosure agreement with your institution.

Date when data required (please provide any relevant time scheduling requirements):

### Part D: Security

Please describe how the data will be protected (must be in accordance with safeguards described in the [TOH Privacy Policy](#)).

I have read The Ottawa Hospital Privacy Policy No. 00175

Submitted by:

**Cost Recovery Fee Structure  
for Prehospital Data Requests**

Funded studies will be levied a nominal fee to partially cover the costs associated with the retrieval and transfer of data.

Requests for prehospital data for research will be subject to the following fee structure:

Description of work	Cost
Analyst Consultant Fee	Report writing \$50.00/hr
	Extraction of data from records \$50.00/hr
Document * Retrieval	Electronic document \$1.00/unit
	Paper document \$1.25/unit
	Archived document \$2.00/unit
Photocopying/ Printout	\$0.35/document
De-identification of Document	\$0.25 /per page

\* Documents include: ACR (Ambulance Call Report), PCR (Paramedic Call Report), Patch form, ECG report, ECG strip.  
\$5.00 flat e-transfer fee will apply to all requests;  
Additional charges may apply depending on the time required to access and transfer prehospital data.

*Approved: March 2012*

Exceptions to the cost recovery fee structure can be made at the discretion of the Program Manager for non-funded studies.

An estimate of the cost to fill the prehospital data request will be sent to the researcher. Please provide billing information and address to [research@rppeo.ca](mailto:research@rppeo.ca). Invoices will be sent quarterly and payment is requested 30 days from the date of invoice.

**Contact:**

Regional Paramedic Program for Eastern Ontario  
2475 Don Reid Drive, Room C130  
Ottawa, ON, K1H 1E2  
Tel. 613.737.7228  
Fax 613.737.1028

**RPPEO USE ONLY**

Request No. \_\_\_\_\_

Received: \_\_\_\_\_

Request reviewed by RPPEO: \_\_\_\_\_

RPPEO/EMS(s) Author(s): \_\_\_\_\_

Request reviewed by Service(s): \_\_\_\_\_

Letter of support sent: \_\_\_\_\_

Data transfer agreement completed: \_\_\_\_\_

**Request**       **Approved**  
 **Denied**

Comments:

Data Management Group notified: \_\_\_\_\_

DM Data Request Form submitted: \_\_\_\_\_