RESEARCH APPLICATION FORM

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

☐ Cornwall, S.D. & G. Emergency Medical Services   ☐ Lanark County Ambulance Service

☐ County of Renfrew Paramedic Services   ☐ Leeds Grenville Emergency Medical Services

☐ Frontenac Paramedic Services   ☐ Lennox & Addington County Ambulance Service

☐ Hastings-Quinte Emergency Medical Services   ☐ Ottawa Paramedic Service

                                                     ☐ 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 - ADM 260

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. 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: _____