**Critical Care Information System (CCIS) Data Request Form**

**(For Research)**

This form must be completed in full by any individual or organization requesting access to data from the Critical Care Information System (CCIS) for research purposes. A copy of the full research plan, Research Ethics Board (REB) submission and approval (including confirmation by the REB that the study complies with the requirements of PHIPA) must be included with the application.

**Name of Requesting Organization:**

**Type of Organization:**

**Name of Principal Investigator:**

**Principal Investigator’s Role/Title:**

**Title of the Research Study: ­**

**Please Provide a Description of the Research Study:**

**Will Patients Be Contacted for the Purposes of this Study?**  [ ]  Yes [ ]  No

**Has the Research Study Been Submitted to the Organization’s Research Ethics Board (REB)?**

[ ]  Yes [ ]  No

**Has the Research Study Been Approved By the REB?** [ ]  Yes [ ]  No

**Name of the Organization’s REB:**

**Name, Title and Contact Information of REB Chair:**

**Has the Research Study Been Peer Reviewed?** [ ]  Yes [ ]  No

**If PHI is Being Requested, List the Data Elements Required:**

**Is it Possible to Conduct the Research Study without the Requested PHI?**

[ ]  Yes [ ]  No

**Please List Below All of the Individuals Within the Study Who Will Have Access to the PHI:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Study Affiliation** | **Why Access is Required** |
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**Please Specify What Safeguards Will Be Applied to the PHI (Physical, Technical, Administrative):**

**Will the PHI Be Linked to Other Data or Data Sources?** [ ]  Yes [ ]  No

**If Yes, Please List the Data or Data Sources:**

**Please Indicate Below the Benefits or Harms that Could Occur Based on the Research Study:**

**The Length of Time the Data Will be Used by the Requesting Organization:**

**Agreement to Securely Destroy or Return the Data at the End of the Approved Period of Use, in a Secure Manner Prescribed by HHS/CritiCall:** [ ]  Yes [ ]  No

**Please Indicate Secure Method to be Applied Below:**

[ ]  Securely Destroy [ ]  Securely Return

**Is the Request for an Extension on the Use of PHI Previously Provided to Your Organization by HHS/CritiCall Ontario?** [ ]  Yes [ ]  No

**Requestor’s Signature:**  **Date:**

Please append a copy of the full research plan, REB submission and approval (including confirmation by the REB that the study complies with the requirements of PHIPA) to the application.

Completed CCIS Data Request Forms (For Research) must be submitted to the CritiCall Ontario Privacy Lead. Submissions may be made by:

**Email to:**  Or **Regular mail to:** privacy@criticall.org Attention: Privacy Lead

CritiCall Ontario

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