

**Diabetes Care Program of Nova Scotia
Application for Access to Data
for
Research Purposes**

For DCPNS use only

Date received:

Request #:

The information on this form will be used to evaluate the request for access to DCPNS data. Any questions about the form should be directed to:

Coordinator, Diabetes Care Program of Nova Scotia

1278 Tower Road, Bethune Bldg., Suite 577

Halifax, NS B3H 2Y9

Tel: (902) 473-3219; Fax: (902) 473-3911; E-mail: dcpns@diabetescareprogram.ns.ca

Items that are marked with an asterisk (*) are to be completed for preliminary requests (outlined in section 10.1 of the DCPNS Data Access Policy and Procedures for Research Purposes).

Please ensure that your application is complete and that attachments are numbered accordingly. An electronic version of this application is available.

If this request is approved, prior to obtaining access to DCPNS data, you may be asked to sign a contractual agreement that ensures that individual privacy will be protected when the data is in your custody.

SECTION A: RESEARCHERS

1) *Please provide the following information for the Principal Investigator.**

Name:
Position:
Organization:
Address:
Telephone:
Fax:
E-mail:

2) *If the Principal Investigator is a student, please provide the following information for the Academic Advisor.**

Name:
Position:
Organization:
Address:
Telephone:
Fax:
E-mail:

3) *Please provide the following information for Co-Investigator(s)*

Name:
Position:
Organization:
Address:
Telephone:
Fax:
E-mail:

Name:
Position:
Organization:
Address:
Telephone:
Fax:
E-mail:

- 4) *Please attach the following:*
- a) The curriculum vitae for the Principal Investigator which includes education, knowledge of the subject and proposed methodology, a list of relevant successfully completed research studies, presentations and publications.
 - b) The curriculum vitae for the academic advisor if the Principal Investigator is a student.
 - c) The curriculum vitae of the person responsible for designing the study methodology (if not the PI).

SECTION B: DESCRIPTION OF THE RESEARCH PROJECT

1) *Please describe the following:*

a) Project Title:*
b) Purpose and Objectives of the Project:*
c) Significance/benefits to be derived from the research project:*
d) Methodology:*
e) Data analysis resource capacity for this project, including hardware, software and data analysis personnel:
f) Budget and time schedule (include funds allocated for data retrieval from DCPNS, and project end date):
g) Publication/Data Sharing (include description of publication/data sharing plans). When and where will this data be shared?

2) *Please attach the following information:*

- a) A copy of the ethics approval received from a recognized ethics review committee for each participating organization. Ethics approval is required for all projects requesting person-level or person-identifiable data. If not yet available, indicate when you expect to receive approval (DCPNS may approve requests conditional on ethics approval).
- b) A document confirming approved funding for this project from the funder.
- c) Literature review.

SECTION C: DESCRIPTION OF THE DATA REQUIREMENTS

1) Please specify the level of anonymity for the requested data.*

a) Aggregate	()
b) Person-level	()
c) Person-identifiable	()

2) Please provide the following information:

a) Detailed methodology for the use of DCPNS data.
b) Anticipated data sources, data elements and how each will be used.*
c) Define the study population, including selection, inclusion and exclusion criteria and size.
d) Describe the data elements for each output record (include formulas, algorithms and aggregation schemes to create the release data from the source data)
e) Describe proposed linkages to be made between DCPNS data and any other personal information. Include a detailed description of the non-DCPNS data source including all data elements to which the DCPNS data will be linked.
f) Target date(s) for receipt of data from DCPNS.*
g) Expected period of time during which access to the requested data is required.

SECTION D: SECURITY

1) Please provide the following information:

Describe how the data that is released into your custody will be protected to ensure that unauthorized disclosure does not occur. Include a description about where the data will be stored and accessed, as well as the administrative, physical and technical safeguards that will be implemented to protect the data requested for this project.

Signature of Applicant

Date