

CIHR Team in Maternal-Infant Care Application for MiCare Network Data



Name of Applicant: _____

Address: _____

Phone: _____ ext _____

Fax: _____

Email: _____

Institutional Affiliation (include department if applicable): _____

Position: _____

Academic Advisor (if applicant is a student): _____

Please send the completed application and a research proposal to:

Priscilla Chan, Project Coordinator
Maternal-Infant Care Research Centre
Mount Sinai Hospital
700 University Avenue, Room 8-500
Toronto, Ontario
M5G 1X6

Phone: 416-586-4800 ext 3833
Fax: 416-586-8546
Email: pchan2@mtsinai.on.ca

Office Use Only:	REQ# _____
Date application received: _____	Request Approved: Y N Date: _____



CIHR Team in Maternal-Infant Care Application for MiCare Network Data

Project Title: _____

***** MiCare Network Data Requests require the participation of
a member of each network from which data is required*****

Primary Investigator: _____

Primary Investigator Network Affiliation: CPN CNN CAPSNet CNFUN

Co-investigator: _____

Co-investigator Network Affiliation: CPN CNN CAPSNet CNFUN

Co-investigator: _____

Co-investigator Network Affiliation: CPN CNN CAPSNet CNFUN

Co-investigator: _____

Co-investigator Network Affiliation: CPN CNN CAPSNet CNFUN

Additional co-investigators: _____

Please attach a research proposal including:

1. Background
2. Research question
3. Proposed research & statistical methodologies
4. Expected outcomes & tables
5. Possible impact of results
6. Specific variables requested

Time frame (years of data) requested: _____

Research cohort requested: _____

Specify preferred format of data (Excel, flat file, etc): _____

Approximate date when data is required: _____

I have read and agree to abide by the Terms of Reference (p. 4).

Applicant Signature

Date

Project Reviews

All applications are required to complete the sections below.

1. Is the project funded by a recognized grant funding agency?

No
Yes

If yes, please attach a copy of the funding letter and specify the granting agency.

CIHR NSERC SSHRC CHSRF Other:

2. Is the project a thesis/dissertation?

No
Yes Please attach a letter from the committee chair

3. Is the project done under contract?

No
Yes

If yes, please specify the contracting organization's contact.

Organization: _____

Name: _____

Phone: _____

Email: _____

4. Has the project been approved following a formal ethics committee review?

No
Pending
Yes Please attach a copy of the ethics approval certificate



CIHR Team in Maternal-Infant Care Application for MiCare Network Data

Terms of Reference:

1. The undersigned will comply with the Freedom Of Information and Protection of Privacy Act (FOI/PP Act), the Privacy Act and the Personal Information Protection and Electronic Documents Act (PIPED Act), and other relevant provincial legislations in which the networks' data reside.
2. The CIHR Team in Maternal-Infant Care Research (MiCare) will provide the undersigned with definitions and limitations of the data upon its release. The undersigned will provide MiCare with copies of written material(s) intended to be published or distributed. MiCare has the authority to remove elements considered inappropriate for publication or distribution.
3. The undersigned understands that s/he is responsible for maintaining the security and confidentiality of all information provided to them by MiCare. Data provided will be used by the undersigned only. The undersigned shall ensure that there is no unauthorized access to or modification of the data, misuse of data or breach of confidentiality. In the event that confidentiality of data or the security of any computer systems/networks is suspected to be jeopardized, the undersigned will notify MiCare immediately.
4. The undersigned agrees to destroy all data and return original media to MiCare at the conclusion of the research project. All destruction will be confidential and complete to prevent access or reconstruction by unauthorized persons. The undersigned shall notify MiCare once this has been carried out.
5. The undersigned will not use the information for any purpose other than the purposes described in this application. Secondary analysis requires additional request for approval.
6. The undersigned will appropriately reference MiCare as the source of the data for all reports, presentations or publications using data from the MiCare Database.
7. Fees may be charged as defined in schedules to this Agreement.