

Data Usage Request Form

INVESTIGATOR INFORMATION:	Date Submitted: (yyyy/mm/dd)	Date Approval Needed: (yyyy/mm/dd)
----------------------------------	---------------------------------	---------------------------------------

Please send completed form to MaPCReN at mapcren@cpcssn.org via email or the "Submit" button below.
 Following data usage approval, the MaPCReN Privacy Agreement must be signed.
 If seeking national CPCSSN data, please contact MaPCReN for the additional approval processes.

SECTION 1: Contact Details	
Name:	Title:
Organization / University Department:	
Email:	Phone:
SECTION 1b: <u>Only complete if you are a student/resident</u>	
**if unable to get supervisor signature on form, an email to mapcren@cpcssn.org from your supervisor confirming approval is acceptable.	
Name of Supervisor/Preceptor:	
Organization / University Department of Supervisor/Preceptor:	
Supervisor Email:	Supervisor Phone:
Supervisor Signature:	Date of Supervisor Signature:
SECTION 2: Project Details	
Name of Study/Project:	
Provide a brief overview of project, addressing the need for CPCSSN/MaPCReN data (max. 150 words):	
Do you have Research Ethics Board approval for your project? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please provide ethics approval number: _____ (provide copy of approval)	
If NO, will you be seeking Research Ethics Board approval? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If No, why not:	

Data Usage Request Form

SECTION 3: Data Access Information			
Data Requested: <input type="checkbox"/> CPCSSN (national data) <input type="checkbox"/> MaPCReN (provincial data) <small>**national approval will be required</small>			
Personnel working with data			
Please list all individuals who will be working with the data:			
Name	Role	Site	
SECTION 4: Funding Information			
<small>**Fees assessed on a sliding scale</small>			
Is your project funded? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED			
If YES, Funding Agency:	Funding Period Start Date:	Funding Period End Date:	Funding Amount:
SECTION 5: Investigator Signature			
Signature of Investigator attesting that:			
a) All data provided by CPCSSN/MaPCReN will be held in the highest confidentiality and will not be used or disclosed for any purpose other than the above-listed project AND b) Administrative, physical, and technical safeguards will be in place to prevent use or disclosure of CPCSSN/MaPCReN data other than agreed to for the above-mentioned project.			
Printed Name of Investigator:	Signature of Investigator: ..	Date:	

** if unable to sign form, please send an email to mapren@cpcssn.org confirming your agreement with Section 5 and that your email serves as signature

Form can be printed PRINT and faxed or can be submitted electronically here → SUBMIT

Approval by MaPCReN Network Director: Dr. Alexander Singer

Signature: _____

Date: _____