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.

Note: The CCIS Data elements are available on the CritiCall Ontario website

Name of Requesting Organization:

Type of Organization:

Name of Principal Investigator:

Principal Investigator's Role/Title:

Name of Co-investigator:

Co-investigator's Role/Title:

Title of the Research Study:

Please Provide a Description of the Research Study:

PHIPA authorities, restrictions for disclosure:

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:

If request is for a cell size less than 5, confirm will undertake an external risk assessment for re-identification: ☐ Yes ☐ No

If Not for PHI, What Aggregate or De-Identified Data/Reports are Requested?

Requestor will sign data sharing agreement setting out the terms and conditions of disclosure including that the requestor will not attempt to re-identify the data, if applicable:

☐ Yes ☐ No

Time period of Data Request (MM/DD/YYYY): From _____ **To** _____

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

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

Secure means of data transport:

Requestor's Signature:

Date (MM/DD/YYYY):

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:
privacy@criticall.org

Or

Regular mail to:
Attention: Privacy Lead
CritiCall Ontario
1725 Upper James Street, Suite 200
Hamilton, ON
L9B IK7