



Completing this form as accurately as possible will help us better assess the scope, feasibility and priority of your request.

This form can be saved. Please complete the form and send a copy by email to mcarrier@toh.ca.

Applicant's Name

Division

Telephone

Email

Consultation Required Yes No

If you are unsure which electronic data to request for your project and would like a consultation, complete this form to the best of your ability indicating "unsure" where necessary and someone will contact you.

Project Details

Protocol Title

**Ottawa Health Science Network
REB URL (if available)**

**Ottawa Health Science Network
REB expiry date(if available)**

Request Details

1. High-Risk Patient-level data requested Yes No

High-risk patient level data refers to personal health information, i.e. MRN, date of birth, OHIP #, address, postal code.

2. Physician-level data requested Yes, identified No, de-identified

If yes, approval is required in writing by the affected Division Head(s). For reporting on physicians-specific complaints logged in PSLs, approval is required from the Director of Medical Affairs.

3. Do paper charts need to be pulled? Yes No

Scanned TOH patient records are available online from November 2009 forward. Cancer and Rehabilitation Centre charts are only available in paper.



4. Request description and rationale

Background of request and what you hope to learn/achieve from this data/information

5. Inclusion/exclusion criteria

Describe the criteria by which we can accurately identify the patients of interest, i.e. time frame; diagnoses; procedures; clinics; campuses; care type (inpatient, ER, day surgery, etc)



6. Data points/metrics of interest

Enter all data points, metrics, patient attributes, etc that you want us to provide for these patients. Include all patient identifiers and dates/times of interest.

NOTE: If you intend to compare the data you receive with another report, please indicate this in the comments as it will help us QA the results

7. Data grouping

Indicate how you wish to break down the metrics of interest for easier investigation (e.g. by campus, month/quarter, service)



8. Comments

Add any additional information that may further describe requirements

Data request Terms of Use

I agree to the terms of use below. I will adhere to the confidentiality requirements as detailed in my research proposal and approved by the Ottawa Health Science Network Research Ethics Board.

These terms govern your use of data from The Ottawa Hospital through Performance Measurement and/or Health Records. As the requestor, you agree that:

- You will not sue the data collected through Performance Measurement and/or Health Records beyond the purpose specified in your data request.
- You will not sell data collected through Performance Measurement and/or Health Records.
- You will not attempt to re-identify the patients or individuals beyond the purpose specified in your data request
- You will only share the data with individuals on a need-to-know basis who have signed a confidentiality agreement with The Ottawa Hospital, or the Ottawa Hospital Research Institute, or the University of Ottawa Heart Institute OR as detailed in a signed data sharing agreement.
- You will not upload the data to an external site (e.g. Google Docs, Dropbox).
- You will only transfer data via a secure method (e.g. internal e-mail, encrypted files).
- You will only save the data in a secure location (e.g. TOH server, encrypted device).
- You will securely destroy the data you have collected when no longer required as per TOH's *Retention and Destruction of Corporate Record Policy* OR as detailed in a signed data sharing agreement.
- You will notify The Ottawa Hospital Privacy Office (privacy@toh.ca) immediately upon becoming aware of any privacy breach that involves the data collected.