**APPLICATION FOR ACCESS TO CMCC CLINICS FOR RESEARCH**

**PROJECT INFORMATION**

Project title:

Principal investigator:

Email:

Anticipated study start date:

Anticipated study end date:

Provide the scientific abstract. *This can be copied from the project summary under Project Details on the Research Ethics Board Application.*

**DETAILS OF ACCESS**

Do you need access to CMCC clinic facilities? *Access is required if recruiting patients from CMCC clinics.*

Yes

Select all CMCC clinics that you need access to.

Campus Clinic

Bowmanville Health Centre

Bronte Harbour

Rexdale Community Health Centre

Rekai Centre

South Riverdale Community Health Centre

St. John’s Rehab/Sunnybrook

St. Michael’s Hospital *Studies conducted at this site may require additional approval from the Unity Health Toronto REB. Please contact the ORA for additional information.*

Other (specify):

Select the facilities that you need access to.

Treatment Room(s) (number):

Rehabilitation Room

X-ray Facilities

Reception Area

Notice Boards

Other (specify):

Describe why you need to access these facilities.

Who will be responsible for managing the facilities during and after the data collection period (e.g., preparation, clean up, etc.)?

No

Do you need access to patient data (e.g., demographics, health records)?

Yes

Describe the patient population you need access to. *This can be copied from the prompts under Participants on the Research Ethics Board Application that asks about the target population and inclusion criteria.*

What type of patient data do you need access to?

Individual-level data

Summary-level data *Aggregate data that is curated by Clinic personnel.*

Specify the variables that you need.

Describe why you need to access these data.

Specify the estimated sample size and provide a rationale.

Who will obtain the patient data?

Investigator/study personnel

Non-study personnel (e.g., CMCC clinicians, Clinic Management Team)

Provide an estimate of the number of hours that will be required for obtaining the patient data:

Does the project budget include compensation for non-study personnel to obtain the patient data? *It is best to account for non-study related personnel costs associated with obtaining patient data in any research funding proposals.*

Yes

No

Provide the role(s) and name(s), if known, of those who will be involved in obtaining the patient data.

Describe the procedures that will be used to deidentify/anonymize data and to keep the information confidential and secure during data collection and analysis. *This can be copied from the identical prompt under Privacy and Confidentiality on the Research Ethics Board Application.*

Describe who will have access to the identifiable patient data.

Describe who will have access to the research data (e.g., deidentified data).

How long do you plan to retain identifiable patient data? Provide a rationale if personal identifiers are retained, and details of how the identifiable data will be destroyed.

How long do you plan to retain research data (e.g., deidentified data)? Provide details of how the research data will be destroyed.

Describe where identifiable information and research data (e.g., deidentified data) will be stored. *This can be a summary from the prompt for describing data storage under Privacy and Confidentiality on the Research Ethics Board Application.*

How will patients’ data be reported in the dissemination of results (e.g., aggregated data, identifiable descriptors, deidentified descriptors, etc.)? *This can be copied from the similar prompt under Privacy and Confidentiality on the Research Ethics Board Application.*

No

Does your study recruit patients from any of the CMCC clinics identified above?

Yes

Specify the time period planned for recruitment (i.e., approximate dates):

*The following prompts ask for details about recruitment procedures. Information can be copied from the identical prompts under Recruitment on the Research Ethics Board Application.*

Please select all methods for recruitment from the following list. Provide documents and scripts for all materials that will be used to recruit study participants as appendices to this application.

Recruitment poster (paper or digital)

Study information sheet/pamphlet

Script for video/audio recording

Social media/online advertisement

Website content

Verbal script

Telephone script

Email script (sent directly to participant by an investigator)

Email script (sent by holder of participant contact and who is not an investigator)

Recruitment for follow up (e.g., follow up interviews)

Snowball recruitment script

Reminder email/script

Other (specify):

Describe where and how you will identify potential participants for recruitment into the study.

Who will identify potential study participants?

Investigator/study personnel

Non-study personnel (e.g., other healthcare professionals)

Self-referral (e.g., respond to advertisement)

Other (specify):

Provide the role(s) and name(s), if known, of those who will contact potential participants.

Are there any already-existing relationships between people who will be responsible for recruitment and potential participants that may possibly contribute to feelings of obligation or undue influence to take part in the study?

Yes

Describe these relationships and mitigation strategies:

No

*The following prompts ask for details about consent procedures. Information can be copied from the identical prompts under Consent on the Research Ethics Board Application.*

Will you obtain individual participant consent/assent prior to starting the study?

Yes

No

Provide justification and describe alternative consent process, which includes partial disclosure and deception:

Does your study include participants who cannot consent on their own behalf?

Yes

Describe assent and consent process:

No

Who will obtain consent from potential participants?

Describe the entire consent process, from start to end, that will be used to explain the study and obtain informed consent. Explain the method (e.g., written, verbal, online, etc.) and why the method was chosen. Please also indicate how participants will be able to ask questions.

Are there any already-existing relationships between the people obtaining consent and potential participants that may possibly contribute to feelings of obligation or undue influence to consent to the study?

Yes

Describe these relationships and mitigation strategies:

No

No

Preliminary approval for access to CMCC Clinics for research pending acquisition of a certificate from CMCC’s Research Ethics Board.

**Dean, Clinics**

Name:

Signature:

Date:

***To be completed upon receiving a certificate from CMCC’s Research Ethics Board.***

**Date of REB approval:**

**REB file #:**

Final approval for access to CMCC Clinics for research after acquisition of a certificate from CMCC’s Research Ethics Board.

**Dean, Clinics**

Name:

Signature:

Date: