



## RIVERVIEW HEALTH CENTRE

### RESEARCH ACCESS FORM

*Please submit this access form, all materials provided for the ethical review process, ethical approval letter, instruments to be used, PHIA, and any other documents for the access review, preferably as a single pdf.*

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#### A. **IDENTIFICATION**

Principal Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Title of Study: \_\_\_\_\_

Other Team Members: \_\_\_\_\_

Date: \_\_\_\_\_

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#### B. **AFFILIATION**

Complete as appropriate:

i) **Student**                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If Yes:

Faculty Advisor: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Faculty/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Thesis:                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If not Thesis, course for which research is required: \_\_\_\_\_

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ii) **Riverview Employee**                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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iii) **Other**

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Dean/Director/Supervisor: \_\_\_\_\_

Telephone Number of Dean/Director/Supervisor: \_\_\_\_\_

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C. **ETHICAL APPROVAL**

Date Ethical Approval Received: \_\_\_\_\_

Name of University from which Approval Obtained: \_\_\_\_\_

Please attach a copy of your **submission to the Ethics Review Board** and the **approval letter** from that board.

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D. **PURPOSE AND SIGNIFICANCE OF STUDY**

Please identify both the purpose of the study and significance of this study for patients/residents and/or the Riverview Health Centre (max 1,000 characters).

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E. **TIME LINES FOR STUDY**

Anticipated Start Date for Data Collection: \_\_\_\_\_

Anticipated Duration of Project: \_\_\_\_\_

Predicted End Date: \_\_\_\_\_

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**F. FUNDING**

Please identify sources and amount of funding for this project:

Source:

Amount of Funding:

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\$

\$

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**G. RESOURCE REQUIREMENTS FROM RIVERVIEW HEALTH CENTRE**

- i) Please briefly describe the study design and how you will collect data (including both sample recruitment and data collection methods). (max 1,300 characters). Append data collection tools as appropriate.

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- ii) If you require assistance from staff members of the Riverview Health Centre in the data collection process, please describe whose assistance is required, the nature of the assistance required, and the amount of time required.
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iii) If you are requesting access to Health Information Department resources (e.g.: retrospective data extraction from charts), please outline exactly what information is required.

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iv) List Riverview Health Centre supplies and/or equipment that may be required (e.g.: laboratory tests, X-ray requirements, etc.) and describe plans to cover expenses.

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v) Identify space requirements (if any).

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Add additional page(s) as required.

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**Suggested Designated Riverview Health Centre Contact**

Name: \_\_\_\_\_

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**Riverview Health Centre Approval**

Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_