**Appendix 4: Atlantic PATH Full Access Renewal Form and/or Unanticipated Event/Significant Change Report form**

*Note: Please submit this form electronically.*

Please email a completed Form for Atlantic PATH Data Access Committee review if you wish to:

* extend the data and/or biological samples access approval timeframe;
* inform us about an unanticipated event or significant change in your research that may have an impact on the project data and/or biological samples and impacts your ability to achieve the research goals;
* inform us of a significant change to the information described in the approved, original *Full Data & Biological samples Access Application* submission. Please also submit a revised Protocol and REB approval.

**Please submit this form by e-mail to** **Ellen.Sweeney@dal.ca**

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| Project Information |
| Atlantic PATH study # |  |
| Project Title |  |
|  |
| Principal Investigator |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  |
| Phone number |  | Fax number |  |
|  |
| Research Coordinator |
| Name |  |
| Title |  |
| Organization |  |
| Mailing Address |  |
| City |  | State/Province |  |
| Post code |  | Country |  |
| Email Address |  |
| Phone number |  | Fax number |  |

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| Project Status |
| Tick as appropriate | Planning phaseOperations phaseData analysis phase |
| Is this in line with the planned timeline of project? | Yes No |
| Please explain (maximum 0.5 pages) |  |
| Time period required for access to data to complete project |  |
| Is there an extension in funding? | Yes No  |

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| Changes to team or project |
| Please report all personnel changes: |  |
| Please report changes to protocol:Please describe any reports to institutional REB of deviations to protocols, adverse events etc… |  |

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| Security |
| Please describe the following: |
| Security measures taken to protect Atlantic PATH data and samples from identification and misuse |  |
| Reports of any incidents pertaining to data security |  |

Applicant Declaration

I have read and agree to comply with the Atlantic PATH Data & Biological Samples Access Policy and the Atlantic PATH Privacy & Confidentiality Policy.

**Specifically, I, the Applicant, declare that:**

1. All information provided in this form is truthful and accurate to the best of my knowledge.
2. This research project complies with the relevant Provincial Privacy Legislation detailed in the Access Policy.
3. I will only use the data and/or biological samples received for the purposes of this project as detailed in this Full Application.
4. This research project cannot reasonably be accomplished without the use of personal health information.
5. I will use the personal health information in the most de-identified form possible for the conduct of this research project;
6. I will ensure the security and confidentiality of the personal health information received from Atlantic PATH and its destruction when this research project is finished.
7. My interest in the disclosure of the personal health information or the conduct of this research project will not potentially result in an actual or perceived conflict of interest on my part.
8. I will return a copy of any and all data derived or collected as part of this research project to Atlantic PATH at the end of the data analysis phase.
9. I will return any and all unused portions of biological samples collected from Atlantic PATH, and/or portions of samples collected as part of this research project to Atlantic PATH at the end of the biological samples analysis phase.
10. I will provide a copy of all published reports and articles related to this research project to Atlantic PATH.

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| Name of Applicant (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***If student thesis or project:***

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| Name of Supervisor (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |