Amendment to Record-Level Information Request for Secondary Use

Name of Initiative/Study:

Reason for Request:

- ☐ Research
- ☐ Program Evaluation
- ☐ Health System Planning
- ☐ Quality Assurance
- ☐ Quality of Care NL (QCNL)

Supporting Documentation Checklist (as applicable)

- ☐ Copies of Research Ethics Board applications and approvals have been attached.
- ☐ Authorizing letters for use of additional data for the initiative have been attached.
- ☐ Copies of privacy policies or statements of information practices have been attached.
- ☐ A signed variable list with rationale has been attached.
- ☐ The application is **signed** and **dated**.

- **All applications must be completed electronically and kept in original format.**
- **Once completed, this application, and all accompanying documents must be submitted to the Information Request Coordinator, Newfoundland Health Services: InfoRequests@nlchi.nl.ca**
- ***By signing and submitting this application to request data, I understand that the content of the application and all submitted attachments will be used to evaluate the request. Any use of the data granted in response to this request is provided under the expectation of adherence to the representations made within the application and attachments. I further understand that additional conditions may be specified in relation to the use of this data.***

Signature of Applicant:

X_____

Print/type name:

Date (yyyy/mm/dd):

Signature of Program Director/Principal Investigator/Academic Advisor:

X_____

Print/type name:

Date (yyyy/mm/dd):

Part A: Contact Information	
A.1. Provide contact information for the applicant	
Name: **Organization:** **Position:** **Telephone:** **E-Mail:**	
Part B: Amendment Parameters	
B.1. Please indicate if any of the following parameters associated with your project/initiative have changed since the most recent information request to the Centre for Health Information.	
Objectives	Yes ☐ No ☐ N/A ☐
Methodology	Yes ☐ No ☐ N/A ☐
Sponsoring/participating organizations or individuals, and their roles	Yes ☐ No ☐ N/A ☐
Data sources required	Yes ☐ No ☐ N/A ☐
Variables required	Yes ☐ No ☐ N/A ☐
Uses, or potential uses, of the information	Yes ☐ No ☐ N/A ☐
Disclosures, or potential disclosures, of the information	Yes ☐ No ☐ N/A ☐
Data linkages that are being performed	Yes ☐ No ☐ N/A ☐
Organizational privacy policies or statements of information practices	Yes ☐ No ☐ N/A ☐
Organizational reporting structures relating to the protection of personal information	Yes ☐ No ☐ N/A ☐
Method of storing the requested information	Yes ☐ No ☐ N/A ☐
Privacy compliance and privacy breach reporting procedures	Yes ☐ No ☐ N/A ☐
The list of individuals authorized to access the information	Yes ☐ No ☐ N/A ☐
Timelines associated with information destruction or the alteration of information to prevent re-identification	Yes ☐ No ☐ N/A ☐
Procedures associated with information destruction or the alteration of information to prevent re-identification.	Yes ☐ No ☐ N/A ☐
Expiry dates associated with Research Ethics Board approval	Yes ☐ No ☐ N/A ☐

Part C: Requested Information and Services

C.1. Briefly summarize your original information request, as well as the changes requested. ***(Provide details C.3.)***

C.2. Will data be provided to the Centre for use in the requested linkage/analysis/etc.?

☐**Yes** ☐**No**

If Yes, Please provide details and list any data sources/variables that will be included; as well as the name and contact information of the person who will be sending/receiving the data via secure data transfer
(attach additional pages, if required)

Note: All transfers of record-level data must be completed via the Centre's secure Managed File Transfer (MFT) system.

C.3. Do you require a comparison group? ☐**Yes** ☐**No**

If Yes, please provide details:

C.4. Specify what data services will need to be provided by the Centre (i.e. data linkage, data analysis, study key retention, etc.) including a description of the proposed data flow.

C.5. How are you requesting to receive the data?

☐ ***Identifiable** *(information that could be used to re-identify an individual through a combination of indirect identifiers (e.g., date of birth, place of residence or unique personal characteristics) using reasonably foreseeable means)*

☐ ***De-Identified/coded** *(information that is created when identifiers are removed and replaced with a code. Depending on access to the code, it may be possible to re-identify specific individuals (e.g., individuals are assigned a code name and the custodian retains a list that links the code name with the particular individual's actual name so data can be re-linked if necessary.) Custodians who have access to the code and the data will be considered to have identifiable information.*

☐ ***Anonymized**: *(information is irrevocably stripped of identifiers, and a code is not kept to allow future linkages.)*

(*Source: Government of NL PHIA Policy Development Manual)

C.6. Describe how the requested data will be stored, as well as the physical, administrative and technical safeguards that will be used to ensure limited access.

C.6. Do you have a specific timeline for desired receipt of the final dataset? Yes☐ No☐

If yes, please provide details:

C.7. Please specify the format of the final dataset:

SPSS ☐ **SAS** ☐ **Excel** ☐ **Other** ☐ *Specify*:

Additional Notes: