



Data Application Request (DAR)



CPCSSN Administrative Section

CPCSSN ID: _____ Complete DAR package received: _____
(dd-mmm-yyyy)

Instructions

Fill out ALL fields in this form. Incomplete forms or missing information will be sent back to the researcher to complete

Primary Investigator (PI)

Name	Address
Telephone	Fax
Office Email Address	University
Faculty	Department
CPCSSN Network (if applicable)	

Collaborator(s)/ Co-Investigators Information

If you have more than one collaborator or co-investigator, fill out additional fields at the end of this document

Name	Address
Telephone	Fax
Office Email Address	University
Faculty	Department
CPCSSN Network (if applicable)	



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Is this project part of a trainee curriculum? If yes, fill the following section "Trainee Information"

YES

NO

Trainee Information

Name	Address
Telephone	Fax
Office Email Address	University
Faculty	Department
CPCSSN Network (if applicable)	Trainee Year (e.g., PhD1, MSc2 etc.)

Other Research Personnel

If you have more than one research personnel, fill out additional fields at the end of this document

Name	Address
Telephone	Fax
Office Email Address	University
Faculty	Department
CPCSSN Network (if applicable)	Trainee Year (e.g., PhD1, MSc2 etc.)



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Name	Address
Telephone	Fax
Office Email Address	University
Faculty	Department
CPCSSN Network (if applicable)	Trainee Year (e.g., PhD1, MSc2 etc.)

Name	Address
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Project Information

Project Title	
Has the project undergone a peer review process?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, which agency, committee, or institution?	
Project Start Date (YYYY/MMM/DD)	
Project End Date (YYYY/MMM/DD)	
Data Cut Request	
Option A: Full data cut (all records)	<input type="checkbox"/> up until
	<input type="checkbox"/> from to
Option B: Cross-section	
Has the project received REB approval? If yes, please append REB approval letter to this application*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please provide a lay summary of the research proposal (250 Characters)	
Have you appended the full research proposal? **	YES <input type="checkbox"/> NO <input type="checkbox"/>

*If the project has not received REB approval, you may not proceed with the DAR submission

**You are required to attach the full research proposal to the application. Failing to attach a copy of your research proposal will render an incomplete application.



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Document Checklist

- DAR completed
- SRE User Agreement
- Complete Research Protocol
- External Scientific Review, if available
- SRE User(s) Access Form
- Data Specifications
- DAR Variable Request Form (Appendix 1)



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Terms of Agreement

- All data will be accessed through the CPCSSN Secure Research Environment (SRE).
- Only users who have filled the SRE User(s) Access Form will be granted access to the SRE.
- I have read and understand the process and timeline to access CPCSSN Resource described in the Data Access Procedure Guideline available on the CPCSSN website.
- I am aware that the CPCSSN Data Access Selection Committee (DASC) may refuse to provide me access to CPCSSN Data if members are not satisfied of the integrity of the research proposal.
- I will ensure that all Research Output is placed in the 'DataStaging' folder and that there are no small cells (values less than six) contained anywhere in the file(s), including values that can be back-calculated. Research Output that has been assessed for re-identification will be released to the requestor.
- I agree to pay all cost recovery fees within 30 days of receiving the CPCSSN invoice.
- If there are any publications that may arise from this research proposal, I will acknowledge CPCSSN in the acknowledgement section of the publication and will notify CPCSSN.
- I agree to include the CPCSSN logo in all presentation presentations of completed work relating to this research proposal.

I agree and understand all the clauses in this application.

Signature

Name

*Signature of the Person Submitting
this Form*

*Name of the Person Submitting this Form
(print)*

Date of Signature



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Appendix 1

CPCSSN Dictionary (DAR) Variable Request

Project Title	
Principal Investigator	

Please check off all variables requested that apply to your project. Please refer to the CPCSSN Data Dictionary and Entity Relationship Diagram to guide your choices.

DATA SPECIFICATIONS

Data Requirements (Please refer to the CPCSSN Data Dictionary for a detailed description of the data elements)

PRIVACY AND SECURITY POLICY

We do not typically release any _orig (original information extracted from participating EMR's) or open text fields.

CPCSSN will only release age (Birthyear) and location (FSA) data in specific combinations:

- Birthyear and Urban/Rural status
- Age Brackets and FSA

1. Patient Age

Your study requires:

___ All patients

___ All patients with Birthyear ≥ _____ AND ≤ _____



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2. Birthyear and Location

Your study requires the following variable combinations (see note in box above):

___ Birthyear | Urban/Rural

___ Five-year age brackets | FSA (3 digit postal code)

If age brackets, please provide year at which age is calculated: _____

Age Brackets:

0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+

3. Original (_orig) and Free Text fields

NOTE: researchers will need to provide significant justification for requesting original and free text fields for CPCSSN to make an exception and provide this data type.

Does your study require .orig fields:

Justification for requesting .orig fields



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CPCSSN TABLES

Table	Check if Required
Provider	
GroupInfo	
ProviderGroup	
Patient	
AllergyIntolerance	
Billing	
Deprivation	
Encounter	
EncounterDiagnosis	
Exam	
FamilyHistory	
HealthCondition	
Lab	
Medication	
Referral	
RiskFactor	
Vaccine	
DiseaseCase	
DiseaseCaseIndicator	

For more information of the variables contained in each table, refer to the CPCSSN Dictionary on the CPCSSN website.