

**Alberta’s Tomorrow Project (ATP)**

**CancerControl Alberta**

**Research Application Form**

**Request for access to data/biospecimens to support research**

**[Applicant, Institution]**

**regarding**

**[Title of Proposed Research]**

**[Date of submission of Research Application Form]**

### SCHEDULES

***Schedule 1***: Research Application Form – Request for access to data/biospecimens to support research

***Schedule 2***: Copy of Research Proposal

***Schedule 3***: Copy of full Research Ethics Board(s) Application and Approvals

***Schedule 4***: Evidence of Funding (e.g. copy of letter of award from grant agency) if applicable

***Schedule 5:*** Brief CV of Applicant (2 pages)

***Schedule 6:*** Data Variable Request spreadsheet (available at <https://myatpresearch.ca>)

**Please send application with completed Schedules 2-6 and any other relevant supporting materials by mail or email to:**

Mailing address: Alberta’s Tomorrow Project

Alberta Health Services – CancerControl Alberta

Level 3, Richmond Road Diagnostic and Treatment Centre

1820 Richmond Road SW

Calgary, Alberta, Canada

T2T 5C7

Email address: [ATP.Research@albertahealthservices.ca](mailto:ATP.Research@albertahealthservices.ca)

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT WITHOUT REVIEW.

**SCHEDULE 1**: **Research Application Form – Request for access to data/biospecimens to**

**support research**

**ALBERTA’S TOMORROW PROJECT (ATP)**

**ALBERTA HEALTH SERVICES – CANCERCONTROL ALBERTA**

**PROPOSAL TITLE: [Insert Title]**

**This proposal is a request for access to data only YES**  **NO**

**1. Please provide the following information:**

|  |  |
| --- | --- |
| **Applicant’s Name** |  |
| **Applicant’s Educational Qualifications (PhD, MD etc.)** |  |
| **Applicant’s Position(s) (Rank, Faculty, Department, Institution)** |  |
| **Mailing Address** |  |
| **Phone Number(s)** |  |
| **Fax Number** |  |
| **Email address(es)** |  |
| **Billing Information:**  **(including account information such as Functional Center, Speed Code, Accounting String)** |  |

**2. Please list all co-investigators, data managers, project staff and students who will be involved in the research using the requested data and/or biospecimens (add more rows if required):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Educational Qualifications** | **Position (Rank, Faculty, Department, Institution)** | **Role in project** | **Access to data/samples?**  **Yes/No** |
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1. **Project Information**

|  |  |
| --- | --- |
| **Study Coordinator (name and contact information)** |  |
| **Data Manager (name and contact information)** |  |
| **Lay summary (maximum of 300 words – will be published on ATP’s website and/or in other publicly available ATP material)**  ***Note: may be edited or modified to suit ATP needs*** |  |
| **Scientific abstract (maximum of 300 words – will be published on ATP’s website and/or in other publicly available ATP material)** |  |
| **Project duration**  **(Day/Month/Year)** | **Proposed start date:**  **Proposed end date:** |
| **List all anticipated outcome(s) of project (e.g., manuscript, discovery research etc.)** |  |
| **Funding source** |  |
| **Funding approved or pending?**  If approved, please attach a copy of the letter of award. |  |
| **Are industry funds involved in support of this project?**  If yes, please provide details of the industry and the nature of support provided by the industry. |  |
| **Date of ethical approval\***  **(Day/Month/Year)**  Please attach a copy of the ethics application and all relevant ethical approval documents in Schedule 3. |  |
| **Name of Research Ethics Board(s), address(es) and contact information** |  |

\*The administrative review process will not be initiated until a copy of all relevant ethical application and approval documents have been sent to the Research Operations Lead of ATP.

**4. Biospecimen specifications**  **Not applicable/No biospecimens required**

**(If selected skip to next section - Data specifications**

|  |  |
| --- | --- |
| **Type(s) of biospecimen(s) requested from ATP** |  |
| **Volume(s) of biospecimens requested** |  |
| **Number of biospecimens requested** |  |
| **Does your study have sufficient statistical power to meet your objectives? Please provide a power calculation or other justification.** |  |
| **Justification for use and volume of ATP’s biospecimens – what characteristics of the biospecimens make them more suitable for use than biospecimens that could be obtained from another source?** |  |
| **Date biospecimens are required (Day/Month/Year)** |  |
| **Biospecimen donor - age range** |  |
| **Biospecimen donor - sex** |  |
| **Other inclusion/exclusion criteria (e.g., ethnicity, prescription medication use, geographic location, prior disease, fasted for at least 4 hours etc.)** |  |
| **Additional parameters required** |  |
| **Where will biospecimens be shipped, stored, processed and analyzed? List all locations, mailing addresses and contact information.** |  |
| **Please provide a description of biospecimen storage conditions.**  **(e.g. stored at -80° C)** |  |
| **What biospecimens (and resulting analytical data) will be returned to ATP?** |  |
| **Describe all electronic and physical safeguards that will be in place to protect the security and integrity of biospecimens that may be released by ATP to support the research described in Schedule 2.** |  |
| **Laboratory experience using the assay (length of time assay used, number of assays completed per year, recent and past % coefficients of variation and interclass correlations. If applicable, also include manufacturer’s assay quality assurance information).** |  |
| **List 2-5 publications which demonstrate feasibility of the assay for the proposed research (manufacturer or peer-reviewed publications**  **acceptable)** |  |

**5. Data specifications (copies of questionnaires and data dictionaries may be obtained by emailing ATP at ATP.Research@albertahealthservices.ca)**

**Data Variable Request spreadsheet completed and attached as Schedule 6**

|  |  |
| --- | --- |
| **Does your study have sufficient statistical power to meet your objectives? Please provide a power calculation or other justification.** |  |
| **Date data required**  **(Day/Month/Year)** |  |
| **Research participant age range** |  |
| **Research participant sex** |  |
| **Other inclusion criteria** |  |
| **Other exclusion criteria (e.g., ethnicity, prescription medication use, geographic location, prior disease, etc.)** | Please select from the following and/or add others as needed:  Cancer prior to enrollment  Non-Albertan at enrollment  Age outside 35-69 years at enrollment  No consent for data linkage using Personal Health Numbers  Others (please specify): |
| **Additional parameters required** |  |
| **Where will data be stored and analyzed? List all locations, mailing addresses and contact information.** |  |
| **What are the anticipated derived variables?** |  |
| **Describe all electronic and physical safeguards that will be in place to protect the security and integrity of ATP data under the following headings:**   * **Designated servers with physical and electronic access control** * **Laptops with encrypted hard drives** * **Encrypted flash drives** * **Institutional password policy for password complexity and expiry** * **Data backups** * **Restricted access to those listed in Table 2 (Question 2 Page 5)** |  |
| **Data Format Requested**  **(choose one only)** | SAS STATA SPSS ACCESS EXCEL CSV OTHER  If other, state format and provide justification: |
| **Select operating system in which analyses will be done**  **(choose one only)** | WINDOWS OSX LINUX |

**6. Other sources of biospecimens and/or data**

Have you applied or will you apply for biospecimens and/or data for the research proposal from another source (i.e. for data linkage with administrative health databases)?

YES  NO

If yes: Where?

What is the status of the request?

APPROVED  PENDING  DECLINED  FUTURE REQUEST

**7. Please provide the name and contact details of three external reviewers who could review your research proposal (only if requesting access to biospecimens).**

If a peer review has already been completed, please attach documentation to your application form.

**8. Application fee will be submitted:**  YES  EXEMPTION REQUESTED

(attach completed ATP Fee Exemption Request Form)

**9. By checking the box below, the applicant agrees to return all data or variables generated during the research project described herein to ATP for inclusion as part of the ATP resource in such detail and format as ATP reasonably requires. This includes, but is not limited to, any raw or derived data and/or statistical programs along with supporting documentation, including data dictionaries in the standard ATP data dictionary format.**

I AGREE

The person(s) named in the research team is/are applying to ATP - Alberta Health Services (AHS) for access to health information and/or biospecimens for the research purposes described in the Research Proposal provided in Schedule 2.

# ATP - AHS may provide access to information and/or biospecimens applied for by the Applicant to the Applicant, pending approval by ATP’s Access Review Panel (if accessing biospecimens), using the guidelines outlined in the ATP Terms of Reference for the Data and Biospecimens Access Review Process.

# Please note that data/biospecimens will not be released until the applicant has received written approval from ATP and has signed the AHS Disclosure Notice and the Material Transfer Agreement if required (sample agreement templates available upon request at ATP.Research@albertahealthservices.ca).

**By signing hereunder, the Applicant accept responsibility for the conduct of all members of the research team as listed in Schedule 1 and is/are responsible for ensuring the adherence of all listed individuals to the terms and conditions of all agreements required to access ATP biospecimens and/or data.**

**10. Signature of Applicant**

I acknowledge that the details in this application are correct and are fully compliant with the terms of the ethical approval materials appended as Schedule 3.

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Applicant Date (D/M/Y)

*Your personal information is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used by or disclosed for the purpose of ATP research administration and reporting.  For questions, concerns or more information about the collection, use or disclosure of your personal information, please contact ATP’s Research Operations Lead at 1-877-919-9292 or via email at ATP.Research@albertahealthservices.ca.*

**SCHEDULE 2: Copy of the Research Proposal**

Provide a copy of the Research Proposal relevant to this request, including the research question, hypothesis, objectives and detailed methodology.

**Please ensure that each page of the research proposal has the name of the Applicant, the title and date of application included in the header. Limit proposal to a maximum of five (5) pages, on letter size paper (8.5’ X 11’), with a font size no smaller than Arial 10 or Times New Roman 12.**

**SCHEDULE 3: Copy of the Research Ethics Board(s) Application and Approvals**

Provide a copy of all Research Ethics Board(s) application forms and approvals, as well as all amendments associated with the Research Proposal described in Schedule 2.

Ethical approval must be obtained from an organization that certifies compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans or comparable international ethical norms.

**SCHEDULE 4: Evidence of Funding**

Please provide evidence of funding such as a copy of the letter of award from a grant agency or other similar documents, if applicable.

**SCHEDULE 5: Brief CV of Applicant**

Please provide a CV for the Applicant listing (i) education, (ii) positions held and (iii) relevant publications in the five (5) years prior to completing the current application.

**The CV should not exceed two (2) pages in length.**

**SCHEDULE 6: Data Variable Request spreadsheet**

Please provide a completed Data Variable Request spreadsheet including justifications for the variables requested. Rationale can be provided per section topic of variables instead of by individual variable (i.e. all physical activity for HLQ).

**ATP USE ONLY – DO NOT COMPLETE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Research Proposal: |  | Application form is complete | | Yes  No |
| Data available for release | | Yes  No |
| Biospecimens available for release | | Yes  No  NA |
| Linkage data needed | | Yes  No |
| Name of Applicant: |  | Research Protocol included with application | | Yes  No |
| Applicant Institution: |  | Status of ethical approval of research protocol | | Submitted  Under review  Additional information/ revisions requested  Approved  Not approved |
| Request number: |  | Ethical approval is specific to the research protocol submitted | | Yes  No |
| Name of ATP administrative reviewer: |  | Ethical approval is consistent with information on application form | | Yes  No |
| Date of administrative review (D/M/Y): |  | Applicant is affiliated with institution and has prior domain relevant publications | | Yes  No |
| Recommendation of reviewer: | Return to applicant - application incomplete  Recommend for peer review  Recommend for formal review by ATP Access Review Panel  Recommend for expedited review by ATP (requests for data only) | | | |
| Signature of ATP reviewer: | | | Date (D/M/Y) | |