

Request to MUSIC for Research Support, Participation or Data

We have put in place a request process for researchers interested in engaging in collaborative research with the McMaster University Sentinel and Information Collaboration (MUSIC).

This form guides individuals through the process of preparing a request to MUSIC for:

- Research Partnership
- Data Requests
- Letters of Support

Please note that studies that provide direct benefit to the patients, clinics, and the Hamilton community are highly valued. Research that has been initiated as a department priority will be preferred over individual investigator-initiated research.

Please allow time for the committee to review requests. Early engagement is preferable as it allows us the best opportunity to strengthen research proposals.

Project approval by MUSIC does not also indicate approval by the McMaster FHT. If clinic approval is required for research that engages clinic resources or involves direct access to the OSCAR EMR (e.g. for a chart review portion of the research project), MUSIC data will not be released until proof of clinic approval is presented. If applicable, please refer to the Request to Conduct Research at McMaster Family Practice form(s) for MFP and/or APO. If clinic approval has been granted, please attach signed off form(s).

The purpose of this application is to clearly define what the applicant requires and to ensure that what is provided by MUSIC is appropriate for the research question and fulfils the responsibilities and obligations of MUSIC.

How to use this form:

BEGIN by saving this form to your computer with the file name indicating the study name. Go to the saved location, right click on the file name, select "Open with", and choose **Adobe Acrobat**. You can save completed portions of this form and return to it by opening again with Adobe Acrobat. Please answer all questions in Part A, Sections 1-5. Write N/A if questions are not relevant to your research. If you wish to submit a MUSIC Data Request at this time, please also fill in all sections of Part B: Request for Data Extract/Report. Attach other relevant documentation where available and appropriate. Once you have completed the form, clicking on the Submit button at the bottom of the last page will indicate any missed sections, or once the entire form is complete, will set up an email to MUSIC with this form attached, (please attach any other relevant documents that you have indicated in the check-list below). You may email MUSIC@FamMedMcMaster.ca with any questions on how to complete the form.

Please note that we cannot accept requests for data for unfunded student projects.

Please indicate which document(s) you have attached using the check list below:

Research protocol or plan (including: background rationale, objectives, methods and measurable outcomes)

Ethics approval and the ethics application or a letter from the ethics committee stating that approval not required

Completed MUSIC Data Request (**Part B** if data is being requested)

Approved Request to Conduct Research at McMaster Family Practice form(s) for MFPEUOPÔ and/or T P Ô

Other (please specify):

Part A: General Request Details

Date:

Name of Principal Investigator (PI):

Position of PI:

Other Primary Contact Name:

Position:

Email for correspondence:

Phone:

Team Name:

Research Qualifications/Experience within team:

Host Institution:

1. What are the aims and hypothesis for this research project?

2. Request Type

2.1 What type of request are you submitting to MUSIC?

Endorsement (letter of support or similar)

Data only (details found in [Part B](#))

Data plus Research Partnership

Other (**Please provide details**):

2.2 Over what period of time will this participation be required?

2.3 Have the McMaster FHT clinics granted approval for access to their EMRs for the purposes of this research project?

MFP

MUSIC

Yes

Yes

No

No

Pending

Pending

Not applicable

Not applicable

3. Value to MUSIC

**3.1 Explain why MUSIC is the appropriate organisation for this research?
(List any other participants in the research/sampling frame here)**

3.2 What is the value of this research question to primary care?

3.3 Is there any direct value of the results of this research to MUSIC, the McMaster Department of Family Medicine or the McMaster Family Health Team? (please provide details)

3.4 Are there any risks associated with this research (to patients or within primary care)?

4. Funding and Costs

4.1 How is the research being funded?

4.2 Are there any commercial benefits from this research to you, your organisation or other organisations?

4.3 Please list any other conflicts of interest.

4.4 Has funding been obtained/applied for and allocated to cover costs of data extraction? If so, please provide details.

NOTE: There are resource requirements and costs for any data extraction depending on the size, frequency and complexity of the request. You will be asked to provide details related to any data request in the Data Request portion of this form (Part B).

5. Privacy/Ethics

5.1 What degree of patient identification/anonymity is envisioned?

5.2 Will consent by patient or family physician be required? Yes No N/A

5.3 Is ethical approval required? Yes No N/A

5.4 Has ethical approval been obtained Yes No Pending N/A
(Please attach approval and application copy)

Ethics Committee Name:

Project Number:

Date of Approval (yyyy/mm/dd):

Duration of Approval:

If no, state reasons why approval is not required. In some cases a letter from an ethics committee stating that approval is not required may be requested.

5.5 Do you plan to publish results? Yes No

5.6 If results are not to be published, how will the results be made available in the public domain?



Part B: Request for Data Extract/Report

This portion of the form guides individuals through the process of preparing a request that clearly defines the data required, and requests details that will ensure that information provided by McMaster University Sentinel and Information Collaboration (MUSIC) complies with the Hamilton Integrated Research Ethics Board, TCPS2 and Personal Health Information Protection Act PHIPA, 2004.

This document should include all aspects of data collection, management, and use. The appropriate boxes need to be ticked and the appropriate supporting narrative also added.

Please be advised that if you engage in a MUSIC data request you will be obligated to report back any abstracts, publications and project reports generated from this data request, as they come available or **at minimum, on a yearly basis**. This request also requires that any relevant renewals of REB approval be submitted to MUSIC in a timely fashion, and that the yearly project progress report confirms current ethics approval if the work is ongoing.

Data will not be released until ethics approval application and approval have been provided to MUSIC.

6. General Requirements

6.1 Purpose(s) of the data request:

6.2 Specify the intended recipient and audience for the data request: (e.g. yourself, Research Team, Quality Improvement Project Team, Resident QI Project, other Organization).

6.3 How often will this data be requested?: (e.g. only once, monthly, etc.)

7. Privacy/Security and Data Handling

7.1 Will the data extract/report require identifiable patient information?

Yes

No

N/A

7.2 Who will have access to the data?

7.3 Who will monitor security and grant access to the data?

7.4 What will happen to the data once used:

Destruction (specify how):

Secure Storage (specify how):

Passed on to and secured by another organization (details required):

N/A

8. Detailed Data extract/report Requirements

8.1 What are the selection criteria for the data you are requesting: (e.g. case definition, time interval, inclusions, exclusions, etc):

8.2 List of data fields required: (e.g. diagnosis, disease registry code, encounter date). Please request the most focused set of data required to support your inquiry. We are in process of readying a data dictionary but please contact the MUSIC Support Staff at music@fammedmcmaster.ca to discuss appropriate data fields if required.

8.3 List any grouping for the data set: e.g. by clinic location, by age, by laboratory test, by grouping of comorbidities.

8.4 What formats are acceptable/preferred for this data request?

Excel Access Other (please give details):

8.5 Will you provide a mock-up data extract/report?

(This is likely to hasten the production of an extraction or report)

Yes No N/A

For MUSIC use only:

ID No.:
Date submitted:

Comments:

Decision on this Request: Approved Declined

Decision Criteria:

Date of decision:

Signature: _____

Position: