

Application to MUSIC for Research Support, Participation or Data.

The purpose of this form is used to request data from the McMaster University Sentinel and Information Collaboration (MUSIC). The following questions will allow you to clearly outline your project and the data you are requesting from MUSIC.

Important Information:

Early engagement is preferable as it allows us the best opportunity to strengthen research proposals.

Project approval by MUSIC does not mean approval by the McMaster FHT. 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), you will need to apply for that separately.

If applicable, MUSIC data will not be released until proof of clinic approval and final approval from an ethics board has been submitted.

Please contact the MUSIC Research Coordinator if you have any questions (Rebecca Clark, clarkr19@mcmaster.ca).

Once you have completed the form, send it with any relevant attachments to the Research Coordinator (Rebecca Clark, clarkr19@mcmaster.ca) or MUSIC@FamMedMcmaster.ca

Part A: Attachments

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

- Research protocol or plan (including: background rationale, objectives, methods and outcomes of interest)
- Ethics approval and the ethics application (*if applicable*)
- Approval from the McMaster Family Health Team (*if applicable*)
- Other (please specify): _____

PART B: General Information

Date of Application: _____

Name of Principal Investigator: _____

Position of Principal Investigator: _____

Other Primary Contact Name: _____

Position: _____

Email for correspondence: _____

1. Overall Project Description:

1.1 What are the aims and hypothesis for this research project:

2. Request Type:

2.1 What type of project are you interested in:

- De-identified data only
- Identifiable data for analysis, or recruitment
- Other (explain further):

2.2. What is the project timeline? Start date: _____ End date: _____

2.3 What clinics are you wanting data from?

- McMaster Family Practice
- Stonechurch Family Health Centre

3. Value to MUSIC

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

3.2 Is there any direct benefit for the project's results to MUSIC, the McMaster Department of Family Medicine or the McMaster Family Health Team? Please explain why or why not?

4.0 Funding

4.1 How is the project being funded? Have you obtained funding or applied for it?

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 Does the budget include allocated funds to cover costs of data extraction? Please provide details.

5.0 Privacy and Ethics

5.1 What type of project is this?

- Research
- Quality Improvement
- Unsure

5.2 If it is a research project, have ethical approval been obtained?

Yes

No

Pending

5.3. If Yes, Provide the following information

Ethics Committee Name:

Project Number:

Date of Approval (yyyy/mm/dd):

5.3 If Quality Improvement, why is approval not required. In some cases, we may ask for documentation from an ethics committee stating why approval is not required.

5.4 What degree of patient identification/anonymity planned? For example, de-identified information, personal identifiers (e.g., patient contact information)

PART C: Request for Data

Part C includes questions to ensure that the project is compliant with the Hamilton Integrated Research Ethics Board (HiREB), TCPS2 and the Personal Health Information Protection Act (PHIPA).

You are responsible for any adhering to and maintaining good standing with your ethics board throughout the project's duration.

6.0 General requirements

6.1 Purpose(s) of the data request:

6.2 How often will this data be requested? (e.g., only once, monthly) _____

7.0 Detailed Data Requirements

7.1 What are the selection criteria for the data you want (e.g., case definition, time intervals, inclusions, exclusions, etc).

7.2 List of variables (e.g., diagnosis, disease registry code, encounter dates, type of tests, medications, etc). For more guidance of data that may be available, please refer to the [CPCSSN data dictionary](#).

8.0 Other Information

8.1. Any additional information you would like to provide: