**COHORT LIST REQUEST FORM**

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| ICES is permitted to provide a list of applicable individuals – a *Cohort List* – to third party researchers for the purposes of conducting publicly funded research that cannot reasonably be conducted within ICES. ICES may only provide a Cohort List for the following purposes, subject to research ethics board approval and other conditions:   1. To abstract or examine data from existing data sources including but not limited to medical records, disease registries, human biological materials or genetic databases; or 2. To contact physicians or institutions/providers for recruitment in research.   This form is used to obtain information about your request for a Cohort List, and must be submitted via email to [das@ices.on.ca](mailto:das@ices.on.ca) |

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| **PRIMARY CONTACT** | |
| Name & Title |  |
| Company Name and, where applicable, other Affiliation(s) |  |
| Research-Related Qualifications (if applicable) |  |
| Address |  |
| E-mail |  |
| Phone number |  |
| **PRINCIPAL RESEARCHER** (*if different from primary contact*) | |
| Name & Title |  |
| Company Name and, where applicable, other Affiliation(s) |  |
| Research-Related Qualifications (if applicable) |  |
| Address |  |
| E-mail |  |
| Phone number |  |

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| **SECTION 1 PURPOSE OF COHORT LIST** |
| **Research title** |
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| **Background -** Provide a brief summary of the purpose of your research (maximum 300 words) |
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| **Intended use –** Describe how you plan to use the Cohort List (maximum 300 words) |
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| **Individual Contact** - Will you be contacting physicians identified via this request? *(If yes, please also complete Section 2.)* |
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| **Use of other data** - Can your proposed research be done using any other information, including de-identified or summary data? Please provide an explanation as to why/why not. |
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| **SECTION 2 INDIVIDUAL CONTACT (IF APPLICABLE)** |
| **Recruitment** – Describe your recruitment procedures (maximum 300 words) |
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| **REQUESTED DATA** | |
| Cohort Definition |  |
| Variable names and descriptions |  |

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| **TIMELINE** | |
| Estimated start date |  |
| Date Information is required |  |

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| **PUBLIC BENEFIT** | |
| Anticipated Public or Scientific Benefit  (*maximum 150 words*) |  |

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| **FUNDING** | |
| Financial resources for research - *Services will be considered on condition the request is funded by publicly funded sources.* | |
| * An application for funding is pending / in progress | |
| * Funding has been obtained |  |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |