

DATA & ANALYTIC SERVICES

REQUEST FORM

| PRINCIPAL RESEARCHER | | | | | | |
|--|----------------|----------|-----------------------------|--------------------|-----------|--|
| Title | First name | | Last name | | | |
| ○ Dr. ○ Mr. ○ Mrs. ○ Ms. | | | | | | |
| Organization | | | | | | |
| Department | | | Job title / Position / Role | | | |
| Mailing Address | | | | | | |
| City / town | Pr | ovince | Postal code | Phone number | Extension | Email |
| Do you have an ICES affiliation? ○ No ○ Yes → Provide details: | | | <u> </u> | Student O No O Yes | | |
| Are you the Principal Researcher, f | irst or seni | or autho | r? | | | |
| RESEARCH INFORMATION | | | | | | |
| Research title | | | | | | |
| Research question – <i>Provide the objective(s) of the research</i> | | | | | | |
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| Summary or description of the research – Provide a brief summary of the research | | | | | | |
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| Type of service requested O Access to Data – the Principal Researcher (or his/her team) will access ICES Data on secure servers and perform own analyses. | | | | | | |
| O Analytics & Reporting – ICES Analysts will perform analyses and provide deliverables according to Principal Researcher's requirements. | | | | | | |
| | | | | | | |
| Estimated start date: Estimated end date: | | | | | | |
| Importation of externally collected | data | | | | | |
| ○ No ○ Yes → Provide detail | | | | | | |
| Purpose(s) of the research – check of | all that apply | 1 | | | | |
| ☐ Academic publication ☐ Inform policy makers and support decision-making | | | | | | |
| ☐ Internal/organizational report☐ Other: | ☐ Stude | ent prog | ram/thesis requi | rements | | |
| Is this research going to be used for provider and/or physician level reporting? ○ Yes ○ No | | | | | | |
| FUNDING | | | | | | |
| Financial resources for research - Services will be considered on condition the request is funded by publicly funded sources. Requests funded by industry and the private sector are invited to submit the ICES DAS Private Sector Analytics Request Form. | | | | | | |
| An application for funding is pending / in progressFunding has been obtained | | | | | | |
| Other: | | | | | | |
| The information supplied in this form is SPOR Support Unit (OSSU). If you have | | | | | | f Health and Long Term Care or the Ontario |