



# Rheum4U Research Request Form

This entire form must be submitted to be reviewed by the Rheum4U Research Operations Committee. All forms can be submitted to [rheum4u@ucalgary.ca](mailto:rheum4u@ucalgary.ca)

Permission to access the Rheum4U Precision Health Registry data **MUST** be obtained in writing from the Rheum4U Research Operations Committee prior to submitting any proposal to a granting agency or funder and it should adhere to the *Rheum4U Data Access and Service Request Guidelines* and *Rheum4U Data Use Conditions*, which will be provided to you. Costs associated with access to data should be discussed prior to the development of a funding proposal. Data will not be released without all appropriate approvals. Subsequent to funding, ethical approvals and data agreements must be obtained. Failure to follow these guidelines may result in denial of data.

1.0 Date of Request: \_\_\_\_\_ (dd/mm/yyyy)

2.0 Requestor information

Name: \_\_\_\_\_  
Role: \_\_\_\_\_ (if PI, do not complete 3.0)  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Institutional Address: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_

3.0 Principle Investigator name and contact information

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Institutional Address: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_

4.0 Investigative Team Members (if more space is required, please use the table in Appendix I)

Name	Role (Co-Investigator/Collaborator)	Institution and location



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## 5.0 Type of Research Request (check all that apply)

- Data Access – Rheum4U Precision Health Registry
- Prospective data collection (note: if the request is for capturing additional data elements or forms currently not captured in Precision Health Registry, development of new modules in the Rheum4U platform will be required)
- Letter of Support for funding/grant application
- Service Requests
  - Protocol Development & Ethics Submission
  - Recruitment
    - Inviting potential candidates to complete study surveys/forms
    - Obtaining consent to be contacted by study team
    - Obtaining full informed consent
- Other: \_\_\_\_\_

## 6.0 Research funding

- Awarded/Funded
  - Funding source \_\_\_\_\_
- Not funded (if not funded, choose from below)
  - Funding applied but not confirmed yet
  - Requesting letter of support for grant/funding application

## 7.0 Ethics (if applicable)

7.1 REB # \_\_\_\_\_

Append a copy of the REB application

7.2 REB application status

- Submission in process
- Submitted
- Currently in review
- Approved (append approval certificate)
- Exempt (append exemption letter)

## 8.0 Quality improvement projects (if applicable)

ARECCI Ethics Screening Tool score \_\_\_\_\_

## 9.0 Study Title

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10.0 In lay language, briefly describe the (1) Research study Background (2) Research Questions and Objectives, and (3) Methodology



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11.0 Provide details of the information requested as part of this request.

*Examples: If the request is to identify and recruit, provide inclusion and exclusion criteria, and if requesting a data cut, provide list of data elements etc.*

12.0 Timeline of data analysis and publication



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13.0 Publication(s)/presentation(s) planned

14.0 Authorship plan

**Rheum4U Research Operations Committee Use Only:**

Date Received: \_\_\_\_\_

Date Reviewed by Committee: \_\_\_\_\_

Date Request completed: \_\_\_\_\_



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## Appendix I: Extra sheet for listing study investigators

Name	Role (Co- Investigator/Collaborator)	Institution and location