MCHP PROJECT FEASIBILITY AND DATA ACCESS QUOTE REQUEST FORM



For assistance in completing this form please contact <u>mchp_access@cpe.umanitoba.ca</u>.

Please allow a minimum	of 10 workina day	s for processing of	f review. This time	line does not apply	to incomplete submissions
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A. Project Title and F							
1. Full Title of Project							
2. Principal Investigator	a. E-mail Address						
b. Institution & Departm	ent: c.Telephone No.						
d. Full Mailing Address:	-						
3. Project Coordinator of Name & E-mail Address, to be i correspondence							
4. Project is a Thesis	○ Yes ○ No (continue to A5)						
a. Level or Type of Thesis							
5. U of M Project Associated for all projects w A U of M or WRHA research	-						
B. Project							
1. Project Description - P	lease attach copy of proposal or letter of intent.						
	C a. This is a new proposal b. This is a letter of intent <i>(feasibility only - cost estimate will not be</i>						
	\bigcirc provided) OR This proposal is a resubmission: \bigcirc c. with no significant changes \bigcirc d. with significant changes.						
2. Related Project	This project is associated with another Yes Project Reference Number(s): MCHP project. No (This can be the MCHP, HIPC, or REB number)						
3. Data Requirements All data sources being used for the study and requiring approvals (HIPC, REB, non-health data (e.g., Education both MCHP and non-MCHP data - must be identified. <i>Completion of Appendix 2 is not required if you are only using MCHP data</i> .							
	Appendix 1 - MCHP data. Please attach a list all data sources/years required from the MCHP Data Repository.						
	Appendix 2 - non-MCHP data. Please provide information for data not available in the Data Repository.						
4. Analytic Requirements	Analyses includes the following identifiable subgroups of the population for which special privacy considerations apply. If none apply, leave blank and continue to B5.						
	🗌 First Nations, Metis, Inuit 🔲 Mental Illness 🛛 🗌 Children in Care 🔲 Children						
	Developmental or Intellectual Disabilities Dschool or school division level analysis						
	Other (please specify):						
5. Project Location a. Analyses will take place only within MCHP secure facilities located at:							
	MCHP Office: 408 Brodie Centre (Analysis to be conducted by an MCHP Analyst)						
	b. This is a multi- site collaborative ONOOYes Please specify project.						

C. Funding				
1. Source Contract or Private Funding Public Sector			a. Is funding applied for?	Name of PI on Funding Submission
a program grant	applied for part of ?	a. Name of program on fu	nding submission:	
3. Amount Expected		4. Project Term	Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
5. Rady Faculty	members: I intend to apply for the	MCHP Rady Faculty Resear	ch Support Fund 🗌	
Review Terms of resources/access	Reference and Guidelines <u>http://u</u> s.html	manitoba.ca/faculties/healtl	n_sciences/medicine/units	:/chs/departmental_units/mchp/
6. Students usin	g the MCHP Repository: I intend to	o apply for the Evelyn Shapi	o Award for Health Servic	ces Research
Application infor	mation can be found through the l	JofM Graduate Studies Awar	ds Database: <u>http://webar</u>	pps.cc.umanitoba.ca/gradawards/

D. MCHP Accreditation

The MCHP Accreditation is required for all PIs of projects accessing the Repository and must be completed annually. These sessions will provide you with information about MCHP data access and use policies and procedures.

Have you completed an MCHP Accreditation session or update in the past 12 months?

If no, you will be contacted and provided with further information regarding the next session or steps to update.

Appendix 1. List of Databases Required from the MCHP Repository

A list of necessary data is required for a feasibility review. See our website for a list of available databases, their contents, and the corresponding access requirements. MCHP will facilitate acquiring the necessary approvals. Please attach a table indicating the amount and type of data required for your project using the example below as a guide. We recognize that you may not know what variables will be required for your project. Please still provide a table listing the data provider, database name, data years, and rationale of using each data set you think you may need. A completed feasibility form will aid in determining the required data and variables.

This example lists databases and years from four agencies, each of which requires separate approvals: 1) Manitoba Health, Seniors and Active Living [MHSAL], 2) Manitoba Education and Training [ME], 3) Department of Families [DF], and 4) Manitoba Justice (JUS). Study approvals are required from the Health Information Privacy Committee (also the approval body for MHSAL data) and the University of Manitoba Research Ethics Board, and other data providers as necessary.

EXAMPLE

	Data Provider	Database Name	Data Years	Data Fields / Variables (if known)	Rationale (required)
I	Health	Hospital Discharge Abstracts	1970/71 to 2012/13	Admission date, separation date, diagnosis	To determine the average length of stay between diagnosis types
	Health	Manitoba Health Insurance Registry	1970/71 to 2012/13	Date of birth, sex, start/end of coverage, reason for end of coverage	To link de-identified individuals across databases
1	Health	Drug Program Information Network (DPIN)	1970/71 to 2012/13	Drug name, date dispensed, length of prescription, dosage, ATC code	To link the usage of various drugs with their associated illness
	Education	Enrollment, Marks, and Assessments	1995/96 to 2012/13	Grade 3, 7, 8 assessments, graduation rates, course codes	To link and track success through grade levels and across course types
	Social	Child and Family Services: Application and Intake	1995/96 to 2012/13	Date child entered/left care, reason in care	To link the average length of stay of a parent to the risk of the child being taken into care
-	Justice	Prosecution Information and Scheduling Management (PRISM)	2002/03 to 2012/13	Incident date, sex, location, incident type	To link being taken into care of CFS with the risk of being involved in a crime.

The following resources are available to assist in compiling a list of databases:

1) A complete list of databases housed in the MCHP Data Repository and data providers is available at

http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/resources/repository/datalist.html

2) Additional details for individual databases can be accessed from the main page of the Data Repository at http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/resources/repository/descriptions.html

Administrative Use - Received by:	Date received	

Appendix 2. Database Not Available in the MCHP Repository

Completion of this appendix is required only if your project is proposing to use a data source not currently held as an ongoing database in the Manitoba **Population Research Data Repository.**

Delays in bringing in required database, shown below, may occur if an incomplete Appendix 2 is submitted for processing. Examples include those submitted with no signature or those with missing Database Information such as: Database Name, Database Source, Contact Person at Source, or Organization assuming liability for disclosure and use of data.

For project-specific data, MCHP will provide support for installation, data preparation, data file checks, and field conversions if necessary. THe Researcher is responsible for obtaining approvals, data transfers, data validation, data documentation, and data updates. For more detailed information on these responsibilities, please read the document below, paying particular attention to the Non-Repository section.

http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departmental_units/mchp/protocol/media/Non_Repository_data.pdf

A. Database Information

1. Full Title of Project			
2. Principal Investigator			
3. Database Name			
4. Database Source			
5. Contact Person at Source			
6. Organization assuming liability for disclosure and use of data (i.e. PHIA Trustee)			
7. Database Scope For example, this includes personal information or personal health information contained in the data, start/end dates, general content (e.g., injury occurrence reports), whether the data is individual or aggregate level.			
8. Data Sharing A Da	ata Sharing Agreement is in place for the ongoing transfer of data to MCHP.		

OR

NOTE: Use of the data will require separate approvals for each project from the identified organization(s).

Data will only be used for this specific project.

 \bigcirc NOTE. Copies of all supporting documentation must be provided to MCHP for using and transferring the data to MCHP.

* Additional detailed information/guidelines/processes for using project-specific data are available on our website. Please read this document to familiarize yourself with these guidelines

http://umanitoba.ca/faculties/health sciences/medicine/units/chs/departmental units/mchp/protocol/media/

Data Request Guidelines for Project Specific Data.pdf

B. Requirements for the Transfer and Use of Project-Specific Data

I understand that project-specific data will only be used as part of the identified project and that the principal investigator is responsible for arranging the collection and disclosure of project specific data to MCHP with all of the necessary additional approvals, which may include:

- · Primary data (e.g. survey or chart review) must include a copy of the appropriate REB approvals for collection and use, including a blank copy of the original informed consent form.
- · Secondary data (e.g. administrative data) must have a specific data sharing agreement from the original data provider indicating that the data will be housed at MCHP for the identified project

I also understand that project-specific data will be destroyed or archived and removed from the MCHP analysis system at the completion of the project, or earlier if there is a specific termination date for use or access of the data.

Original or Electronic Signature of Principal Investigator (Signature only required if Appendix 2 is applicable)

Date (yyyy/mm/dd)

Steps to create a localized electronic signature: https://helpx.adobe.com/acrobat/11/using/digital-ids.	<u>html</u>
OR: <u>http://intranet.umanitoba.ca/faculties/arts/media/Create_Digital_Signature_Instruct_2015.pdf</u>	