Data / Biospecimen Access Requisition Application Form

TERRY FOX
PROFYLE
PRECISION ONCOLOGY FOR YOUNG PEOPLE

New request

Revision to previous request: Req # _____

Renewal of previous request: Req # _____

PROFYLE Program Office

The Hospital for Sick Children

686 Bay Street, Room 18-9702

Toronto, Ontario M5G 0A4

Name: _____

Title: _____

Department: _____

Institution/Facility: _____

Address:

_____

Email: _____

Date requested: _____

Account information for expenses:

Upon completion, please return form to:

programoffice@profyle.ca

| Grey boxes for PROFYLE internal use |

_____

Name of researcher(s) (if different from above)**:** _____

Have you previously requested access to PROFYLE data or biospecimens?   Yes   No

Please list all previous Req #s:

_____

Were any of your previous requests approved?   Yes   No

Number of research team members that will have access: _____

Please list all research team members who will have access:

_____

Rationale for their access:

_____

Title of Project: _____

Project Description (maximum 500 words)**:**

_____

Ethics approval number/reference: _____

Biosafety permit number (if Biospecimens requested)**:** _____

Funder of project: _____

Data and/or Sample Type (please provide brief rationale/justification)**:**

_____

Number of Patients' Data/Samples (please provide brief rationale/justification)**:**

_____

Minimum Size of Sample Required to do Research (please provide brief rationale/justification)**:**

_____

Patient Type(s) (include information about demographic criteria, diagnostic criteria and/or other clinical/molecular features)**:**

_____

Please provide brief rationale/justification for types described:

_____

Specific Patients (if known, please provide list of PROFYLE ID numbers):

_____

Specific Data Elements Requested (please provide brief rationale/justification):

_____

Other Details of Data and/or Materials Requested:

_____

Does your ethics approval include a plan for dealing with <u>incidental findings</u>?

     Yes   **No**

If yes, please describe your ethics approved plan for dealing with <u>incidental findings</u>:

_____

If no, please confirm that you will follow PROFYLE guidance for dealing with <u>incidental findings.</u>

The requestor(s) confirms: **Yes**   **No**

Reason for access request & relatedness to PROFYLE:

_____

By signing this form you acknowledge you have read, understood and will comply with the PROFYLE Data and Material Access Policy, Publication Policy, Intellectual Property Policy and other applicable PROFYLE Policies. It is the researcher's responsibility to maintain all data and samples as de-identified and secure.

Requestor Signature: _____   **Date:** _____

PROFYLE Req #: _____   **Authorized by:** _____

BDAC decision: **Date approved:** _____

  Approve   Conditionally Approve   Deny

Rationale for decision:

_____

Additional Work:

  Yes *(please describe below)*   No

_____