

Appendix 3: Ontario Health Study – Data and Biosample Access Renewal Form

This *Data and Biosample Access Renewal Form* should be completed and signed by an Approved User who has successfully applied for access to OHS Data, has used them for research purposes for the time specified in the *Data and Biosample Access Agreement*, and who's *Agreement* will expire shortly. This *Data and Biosample Access Renewal Form* provides the Approved User with the possibility of confirming that the information contained in each section of the original *Data and Biosample Access Application Form* (if it is the Approved User's first renewal) or the previous *Data and Biosample Access Renewal Form* (if the Approved User has previously renewed his/her application) has remained unchanged. In case of changes to the research project or to the information provided in previous access applications to OHS, the *Data and Biosample Access Renewal Form* will allow the Approved User to specify them. This *Data and Biosample Access Renewal Form* does not replace or supersede these previous agreements.

The date of signature by the Data Access Committee of the original *Data and Biosample Access Agreement* or, if applicable, the previous *Data and Biosample Access Renewal Form*, will determine the year-end date when this form should be completed.

File number (provided in your original approval letter): _____

Original title and lay summary of the main research project:

1. Name of Principal Applicant including affiliation and contact details.

Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section, while reflecting the new changes.

Name:
Title:
Position:
Affiliation:
Institutional E-mail Address:
Mailing Address:
Open ID:

2. Name of the Authorized Institutional Representative, including affiliation and contact details.

Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section, while reflecting the new changes.

Name:
Title:
Position:
Affiliation:
Institutional E-mail Address:
Mailing Address:

3. Title of Project

Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section, while reflecting the new changes.

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4. Names of authorized personnel

Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section reflecting the new changes. A valid institutional email address for each name along with their job title/function is required.

All new authorized personnel should be given a copy of the *Data and Biosample Access Application Form* and receive proper training and briefing on the security and confidentiality issues and be familiarized with the *Data and Biosample Access Agreement* in effect. It is your responsibility to see that they follow the terms of the *Data and Biosample Access Agreement*.

Name:
Title:
Position:
Affiliation:
Institutional E-mail Address:

5. Research Project

a) Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section, by informing us of any major change concerning your research project, including changes in the informed consent process and documents and/or research ethics review.

b) What is the current status of the project? Provide a brief summary of study progress and results.

6. Lay summary of the research project

Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section, while reflecting the new changes.

7. Information Technology Security

Has the information provided in your last approved *Data and Biosample Access Application/Renewal* for this section changed?

Yes No

If yes, complete this section, while reflecting the new changes.

I declare that the information presented above is true and up to date.

I recognize that I am still bound by the terms and conditions of the *Data and Biosample Access Agreement* that I signed on _____.

Principal Applicant:

Name _____ Position _____

Signature _____ Date _____

Authorized Institutional Representative of the host institution:

Name _____ Position _____

Signature _____ Date _____

Please fax or e-mail a PDF of the signed *Data and Biosample Access Renewal Form* to 416-977-6573 or access@ontariohealthstudy.ca.