

Ontario Health Study – Preliminary Access Application Form

DATE:	
PROPOSAL TITLE:	

1. Please provide the following information:

Principal Applicant's Name	
Principal Applicant's Educational Qualifications (PhD, MD, etc.)	
Principal Applicant's Position(s) (Rank, Faculty, Department, Institution)	
Institutional Mailing Address	
Telephone Number	
Institutional Email address	
Principal Contact (name, email and phone number)	

2. Project Information

Scientific abstract (maximum of 300 words)	
Project duration	Proposed start date:
	Proposed end date:
Anticipated outcome of project (e.g., manuscript, generation of pilot data in support of larger project)	
Intended Granting Agency, if funding being sought	
Grant submission date, if applicable	

3. Holdings Requested

Holding Type:	Requested (Yes/No)
Data – individual level	
Data – Aggregate	
Biosamples	
Data linkage	

4. Study Design

Number of participants requested	
Participant age range	
Participant sex	
Other inclusion/exclusion criteria (e.g., ethnicity, prescription medication, geographic location, prior disease)	
Additional parameters required	

5. Biosamples

No biosamples required

Biosample Type	Units	# of PTs	# of Tests	# of Bio-markers	Total Required Assay Volume or Amount	Total Required Dead Volume or Amount	Total Volume or Amount Requested
SST: serum	µL						
EDTA: plasma	µL						
EDTA: red blood cells	µL						
Urine	µL						
ACD: whole blood in DMSO	µL						
DNA*	µg						

(*DNA may be extracted from blood or saliva)

Biosample pre-analytical restriction(s) required

Describe and justify the need for biosample pre-analytical restrictions:

Where will the biosamples be analyzed?

Applicant(s) laboratory

Provide evidence of the laboratory's analysis record, preliminary data and/or publications:

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Commercial or Service Provider Laboratory

Analysis #1:	
Laboratory Name:	
Laboratory's website address:	
Is the laboratory accredited?	
# of years proposed analysis has been performed at the lab:	
Analysis #2:	
Laboratory Name:	
Laboratory's website address:	
Is the laboratory accredited?	
# of years proposed analysis has been performed at the lab:	

6. Data Linkage

Will data from other sources be utilized to complete the proposed project? Please list all data linkages required to complete the proposed project, and where these data are held.

Not applicable – OHS Data and/or OHS Biosamples will not be linked with data from other sources.

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7. Other sources of data and/or biosamples

Have you applied for data and/or biosamples for this research project from another source?

Yes No

If yes: Where?

What is the status of the request?

Approved

Pending

Declined

8. Signature of Principal Investigator

I acknowledge that the details in this Preliminary Access Application are correct:

Principal Investigator

Date