**Ontario Health Study**

**Data and Biosample Access Application Form**

**Request for access to data and/or biosamples to support research**

**[Applicant, Institution]**

**regarding**

**[Title of Proposed Research]**

**[Date of submission of Data and Biosample Access Application Form]**

### Documents Required

***1*:** Completed Data and Biosample Access Application Form

***2*:** Copy of REB\*-Approved Research Protocol

***3*:** REB Decision Letter

***4*:** Evidence of Funding (e.g., copy of letter of award from granting agency) (if applicable)

***5:*** Brief CV of Principal Applicant (2 pages)

***6:***  Evidence of Scientific Peer-Review (if available)

***7:*** Confirmation of Feasibility or Approval if your project requires Data Linkage

\*Research Ethics Board, or comparable decisional committee

**Please send the completed application with additional Schedules 2-7 by email to:**

Email address: [access@ontariohealthstudy.ca](mailto:access@ontariohealthstudy.ca%20)

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT WITHOUT REVIEW.

**OHS Data and Biosample Access Application Form**

This *Data and Biosample Access Application Form* is to be used by all researchers seeking access to Data and/or Biosamples from the Ontario Health Study (OHS). Please refer to the OHS *Access Policy* for the meaning of all capitalized terms used in this form. The *Access Policy* is available on the [OHS website](https://www.ontariohealthstudy.ca/for-researchers/data-access-forms-and-templates/).

Applicants should review the *Access Policy* before completing this *Data and Biosample Access Application Form*.

Applicants must complete all mandatory sections and provide supporting documentation before the access request will be considered. The OHS will not approve a *Data and Biosample Access Application Form* until all required ethics documents have been submitted and there is demonstration of adequate funding to complete the proposed research project. Further information on OHS’s review and approval process can be found in the *Access Policy*.

Once an access request has been approved by the Access Committee and the Approved User has paid the required access fees, access to Data and/or Biosamples will be granted for the timeframe set out in the *Data and Biosample Access Agreement*. For multi-year projects, an *Annual Update* must be submitted on each anniversary of the Effective Date of the *Data and Biosample Access Agreement.*

The title of the Approved Research Project, name(s) of the Approved User(s), name(s) of the Approved Institution(s), and a lay summary of the scientific abstract submitted by the Applicant will be added to the [OHS website](https://www.ontariohealthstudy.ca/for-researchers/research-approved-to-access-ohs-data/).

*NOTE: OHS does not hold administrative health data, such as the Ontario Cancer Registry. These data can be linked to OHS Data through* [*Ontario Health (Cancer Care Ontario)*](https://www.ccohealth.ca/en/access-data) *or* [*ICES*](https://www.ices.on.ca/DAS)*. Researchers should approach Ontario Health (Cancer Care Ontario) or ICES directly regarding access to administrative health data and associated access costs, which will vary depending on the data custodian and the complexity of the request. If your project proposed data linkage through ICES, a Confirmation of Feasibility must be submitted with your application.*

**SECTION 1: CONTACT AND RESEARCH PROJECT INFORMATION**

1. Name, Institution, and Contact Details of the Principal Applicant

Please include a full postal address and a valid email address. If you have more than one affiliation, only provide the contact information pertaining to the institution you are affiliated with for the purpose of the research project.

*For projects completed by a graduate student or post-doctoral fellow, the Principal Applicant on the application must be the supervisor, not the student/fellow. Please do not enter the name of the student/fellow as the Principal Applicant. The student/fellow must be listed in section C.*

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| --- | --- |
| **Name** |  |
| **Position** |  |
| **Educational Qualifications (PhD, MD, etc.)** |  |
| **Institution** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Institutional Mailing Address** |  |

The Canadian Institutes of Health Research defines an [early career researcher](https://cihr-irsc.gc.ca/e/34190.html#r14) as “A researcher who, at the time of application, has held a full time, independent research appointment, for a period of 0 to 5 years (60 months).” Is this request for a project being led by an early career researcher?

Yes  No

1. Name, Institution, and Contact Details of the Authorized Institutional Legal Representative

Please include a full postal address and a valid institutional email address for your Authorized Institutional Legal Representative. This individual must be in a position to legally bind the institution.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Institutional Email Address** |  |
| **Telephone Number** |  |
| **Institutional Mailing Address** |  |

1. Names, Institutions and Contact Details of the Members of the Research Team Working with the Applicant

Please provide details for all members of the Research Team working with the Principal Applicant who would have access to the requested Data and/or Biosamples in order to work on the research project (e.g., co-investigators, collaborators, research assistants, study coordinators, lab technicians, students, and post-doctoral fellows).

While only one *Data and Biosample Access Application Form* is required, any authorized personnel with access to Data and/or Biosamples that is affiliated with an institution other than that of the Principal Applicant is required to provide information on their Authorized Institutional Legal Representative(s) (Appendix A), and have each of them and/or their institution(s) sign a separate *Data and Biosample Access Agreement*.

| **Name and Position** | **Primary Institution** | **Institutional Email Address** | **Role in the Research Project** | **Access to Individual- Level Data**  **(Y/N)** | **Access to Biosamples**  **(Y/N)** |
| --- | --- | --- | --- | --- | --- |
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Is this request for a student thesis/project or a project led by a post-doctoral fellow?

Yes  No

1. Names and Contact Details of Service Providers and Commercial Laboratories

This application does not involve access to Biosamples

If applicable, please provide the details of all service providers and commercial laboratories that will have access to the requested Data and/or Biosamples in order to work on the research project (copy and paste the table below as needed). All service providers and commercial laboratories will need to meet the terms and conditions of the *Data and Biosample Access Agreement*.

|  |  |
| --- | --- |
| **Service Provider or Commercial Laboratory Name:** | |
| Mailing Address |  |
| Contact Name |  |
| Title |  |
| Institutional Email Address |  |
| Telephone Number |  |
| Website Address (if available) |  |

**SECTION 2: RESEARCH PROJECT**

1. Title

|  |  |
| --- | --- |
| **Title of Research Project** |  |

1. Research Project Timeline

|  |  |
| --- | --- |
| **Start Date** |  |
| **End Date** |  |

If the proposed project timeline is longer than three years, please provide justification.

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**This proposal is a request for access to data only:** Yes  No

1. Research Category/Type

Check the items that best describe the type of research project that would be conducted using the Data and/or Biosamples (more than one may apply).

|  |  |
| --- | --- |
| Genetic studies  Gene-by-environment  Environment association  Case-control study  Descriptive study  Surveillance study  Data linkage | Risk score or index development  Biomarker validation or discovery  Study using data from multiple cohorts (e.g., data pooling project)  Other (*specify*): |

1. Scientific Abstract

Please provide a clear scientific description of the research project, its specific hypotheses, methodology and deliverables. Be sure to explain how the Data and/or Biosamples would be used, and how the project meets the objectives of the OHS. Word limit is 500.

1. Lay Summary of Project

Please provide a short description of the project for the general public that will be displayed on the [OHS website](https://www.ontariohealthstudy.ca/for-researchers/research-approved-to-access-ohs-data/). Avoid scientific jargon and acronyms. Word limit is 500.

1. Participants

|  |  |
| --- | --- |
| Total number of participants requested |  |
| Inclusion criteria |  |
| Exclusion criteria |  |
| Stratification or grouping |  |
| Any additional parameters required |  |
| **For case-control studies** | |
| Matching criteria |  |
| Case-control ratio |  |

Please describe the design and methodology of the proposed project, including the primary outcome measures and the methods that will be used to analyze the study data. This section should include justification for the sample size requested.

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**SECTION 3: FUNDING AND SCIENTIFIC REVIEW**

1. Funding

Please answer the following questions regarding the funding and scientific review of your research project.

**Has financial support been granted? \***

Yes  No

**From which funding body?**

|  |
| --- |
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|  |  |
| --- | --- |
| **Funding Start Date:** |  |
| **Funding End Date:** |  |

**If your project end date is beyond the project funding date, is there a possibility of a no-cost extension?**

Yes ☐ No ☐

**Has the project been evaluated by a recognized peer-review process?**

Yes  No

**Who evaluated the project?**

|  |
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*\*Please note that the* Data and Biosample Access Application Form *will not be reviewed until funding has been secured.*

1. Ethics Approval

Has this study been approved by a Research Ethics Board (REB) or a comparable decisional committee that has been formally designated to approve and/or monitor research involving humans with the aim of protecting the rights and welfare of the research participants?

Yes  No

If yes, please provide the following supporting documents specifically related to this *Data and Biosample Access Application Form*:

REB-approved research protocol

Decision letter from a REB or comparable decisional committee (English or French; an institutional approval number should also be provided if available)

If no, please specify arrangements for obtaining the appropriate approvals.

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Where necessary, OHS reserves the right to request from the Applicant further documentation related to the research ethics review of the project. It is the Applicant’s responsibility to ensure that all local/national ethical requirements have been met prior to submission.

*\*Please note that the* Data and Biosample Access Application Form *will not be approved until all required ethics documents have been submitted.*

**SECTION 4: DATA AND BIOSAMPLES**

1. Biosamples

Not applicable – access to Biosamples is not requested.

Please describe the required type and amount of biosamples needed to support this research project. Standard information is provided when biological samples are requested.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BIOSAMPLES AVAILABLE\* | | | | | | |
| **Biosample Type** | SST: Serum | EDTA: Plasma | EDTA: RBC | Urine | Ficoll separated lymphocytes in DMSO/FBS\*\* | DNA\*\*\* |
| **Unit** | µL | µL | µL | µL | µL | µg |
| **# of Participants** |  |  |  |  |  |  |
| **Total # of Tests** |  |  |  |  |  |  |
| **# of Biomarkers** |  |  |  |  |  |  |
| **Total Required Assay Volume or Amount** |  |  |  |  |  |  |
| **Total Required Dead Volume or Amount** |  |  |  |  |  |  |
| **Total Volume or Amount Requested** |  |  |  |  |  |  |
| **Preferred Delivery Year** |  |  |  |  |  |  |

\*Harmonized biosamples have been collected from all CanPath cohorts. For additional information on accessing these biosamples, see the [CanPath Portal](https://portal.canpath.ca/). Note: Appendix B lists the biosamples available from other CanPath cohorts.

\*\*Lymphocytes were only collected from a subset of pilot participants so limited numbers are available.

\*\*\*DNA may be extracted from blood or saliva. Buffy coat samples are also available.

Does freeze/thaw affect the planned analysis?  No  Unknown Yes

If yes, indicate the number of acceptable freeze/thaw events:      (provide supporting evidence below for this pre-analytical restriction)

Biosample pre-analytical restriction(s) required.

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

For this research proposal, have you applied for biosamples from another source? ☐ Yes ☐ No

If yes, where?

Status of the request:  Approved  Pending Declined Future Request

Total number of samples requested from other source:

**Biomarker information (required for each biomarker):**

Describe the biomarker/category of biomarkers proposed for analysis including its usual range(s) measured in an adult population for the biosample type being requested and the anticipated results for the biosamples. Provide evidence that the biomarker/category of biomarkers in the proposed biosample type measurement is stable and that a single time point analysis provides a reliable representation of the question being asked. If this information is available within your submitted research protocol, you may reference the page(s) where the information can be found.

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**Methodology information (required for each assay):**

Describe the proposed methodology for biosamples analysis that will be performed for each requested category of biosamples. This should include what methodologies are available and the rationale for using the proposed assay. Include the reagent source. Provide evidence of the assay’s performance and list 2 to 5 publications where this quality has been demonstrated. If the methodology information is available within your submitted research protocol, you may reference the page(s) where the information can be found.

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1. Laboratory Analyses

Not applicable – access to Biosamples is not requested.

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| Provide evidence of the laboratory’s assay usage record, preliminary data and/or publications:  Assay #1: assay #1  Laboratory name: laboratory name  # of years laboratory has performed the assay: # years  # of assay tests conducted on average per year by the laboratory: # of assay  Laboratory’s intra-assay % CV from a recent publication or analysis: intra-assay  Laboratory’s inter-assay % CV from a recent publication or analysis: inter-assay  Provide other relevant laboratory qualifiers, as applicable for the assay: qualifiers  Assay #2: assay #2  Laboratory name: laboratory name  # of years laboratory has performed the assay: # years  # of assay tests conducted on average per year by the laboratory: # of assay  Laboratory’s intra-assay % CV from a recent publication or analysis: intra-assay  Laboratory’s inter-assay % CV from a recent publication or analysis: inter-assay  Provide other relevant laboratory qualifiers, as applicable for the assay: qualifiers  Assay #3: assay #3  Laboratory name: laboratory name  # of years laboratory has performed the assay: # years  # of assay tests conducted on average per year by the laboratory: # of assay  Laboratory’s intra-assay % CV from a recent publication or analysis: intra-assay  Laboratory’s inter-assay % CV from a recent publication or analysis: inter-assay  Provide other relevant laboratory qualifiers, as applicable for the assay: qualifiers |

I acknowledge that biosamples may be released in a staggered and conditional release upon approval.

1. List of Variables

a) Are you requesting aggregate data or individual-level data?

Aggregate Data

Individual-Level Data

***Click the triangle to the left of each questionnaire to view and select available variables.***

# b) Baseline Health & Risk Factor Questionnaire (2009\*-2017)

\*Includes pilot participants

Select the set(s) of variables that specifically support the research project that you have identified in Section 2.

Age, Sex

Socio-Demographic and Economic Characteristics (Education, Country of Birth, Language, Ethnicity, Residence, Working Status, Household Income)

Sexual Orientation and Gender Identity

Your Health

Handedness

General Health Perception

Last Medical Exam

Last Dental Visit

Reproductive Health – Men Only

Reproductive Health –Women Only

Sleep Pattern

Sunlight

Food Consumption in a Typical Day

Alcohol Use

Tobacco Use

Other Types of Tobacco Smoke

Physical Activity

Cancer Screening

Personal Medical History

Emotional Health and Well-Being

Joints and Pain

Family Characteristics

Ethnic Background – Family

Family Health History

Medications

Physical Measures

Blood Pressure and Heart Rate

Grip Strength

Bio-Impedance

Anthropometrics

Blood Collection Lab Values

Interpretive Variables (e.g., time of last meal)

Glycated Hemoglobin

Complete Blood Count

# c) Follow-Up 1 Health & Risk Factor Questionnaire (2016-2018)

Select the set(s) of variables that specifically support the research project that you have identified in Section 2.

Age, Sex

Socio-Demographic and Economic Characteristics (Marital Status, Working Status, Household Income)

Health Status

General Health Perception

Last Routine Medical Exam

Last Dental Visit

Cancer Screening

Anxiety (GAD-7) and its Impact

Depression (PHQ-9) and its Impact

Men’s Health

Women’s Health

Personal Medical History

Prescribed Medication

Family Health History

Sleep Pattern

Alcohol Use

Tobacco Use

Marijuana Use

E-Cigarette Use

Exposure to Second-Hand Smoke

Anthropometrics

# d) Work History Questionnaire (2019)

Select the set(s) of variables that specifically support the research project that you have identified in Section 2.

Age, Sex

Current employment

Occupation, role

Industry

Employment length

Job duties

Location

Past/most recent employment

Occupation, role

Industry

Employment length

Job duties

Location

Work schedule

Employment status

Schedule type/work pattern

Shift length

Scheduling flexibility

Work absences/gaps (length, reason)

Work exposures

Animal handling

Biological hazards

Chemicals & materials

Pesticides

Sun

Other (e.g., noise, vibration)

Physical activity

Commute (length, mode of transportation, seasonality)

Psychosocial environment (job strain, social support)

# e) COVID-19 Questionnaire (2020)

Select the set(s) of variables that specifically support the research project that you have identified in Section 2.

Demographic

Age

Sex/Gender

Family and household structure

Testing and Diagnosis

Symptoms

Health and community care services utilization

Exposure (e.g., travel history, gatherings, self-quarantine)

Tobacco Use

Marijuana Use

E-Cigarette Use

Alcohol Use

Personal Medical History

Medications   
 Pyschological & emotional impacts   
 Social & economical impacts

Anthropometrics

# **Supplementary information:**

Please specify any other information requested.

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

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For the required linkages, have you submitted an access request to each appropriate data custodian?

Yes. *Please submit confirmation of feasibility from the appropriate data custodian(s).*

No. *Please comment.*

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**SECTION 5: RETURN, ARCHIVAL, AND DESTRUCTION OF DATA**

1. Return of Derived Data

Please provide a brief description (100 words) of the Derived Data that will be generated and returned to OHS during the analyses undertaken for your research project, specifying when you expect these data to be returned to OHS. Data that must be returned include new variables issued from assay results (if applicable) or data derived from a combination of other data variables. For example, a derived variable can be an index combining several variables (e.g., risk scores) or a numeric variable created by summing the values stored in two or more numeric variables.

The Derived Data must be returned in the analytical format used to create your final working dataset such as SAS (.sas), SPSS (.sps), .CSV or the equivalent, along with the data dictionary or codebook. The Derived Data must include the original anonymized IDs supplied by OHS.

All biosample analysis data are to be returned in both the raw format (initial data generated from laboratory instrument) and the analyzed format (analysis extracted from raw data) and are to be accompanied by a completed derived data report that will be provided by OHS. Raw and analyzed data for the assay’s standards and controls are also to be provided.

**R. Archival and Destruction of Data and/or Biosamples**

Please outline any requirements for archival of Data and clarify how archived Data will be protected and stored during the archival period, if applicable. Note that Data cannot be provided to public data commons or repositories. Please also specify the date by which all archived Data will be destroyed. Archived Data must be destroyed within five years of submitting the *Final Report*. If a longer archival period is required, please provide justification. The destruction or return of Biosamples will be determined in collaboration with OHS at the end of your project.

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**SECTION 6: SECURITY**

**Information Technology (IT) Security Assessment**

To avoid any privacy breaches, you must follow reasonable IT security practices and procedures. You must not disclose any Data to third parties who have not agreed to OHS’s privacy requirements. You must ensure that this is also the case for research staff and any external collaborators mentioned in Section 1. To be eligible for access, all boxes from A to F must be checked.

A. My institution has a formal IT security policy.

B. I will store Data in secure physical computer systems. If Data are stored on portable computer systems (whether laptops or other mobile devices), they must be encrypted to avoid any unauthorized disclosure in case such a system is lost or stolen.

C. I will implement appropriate access security to ensure that only the authorized individuals mentioned in Section 1 of this *Data and Biosample Access Application Form* will be allowed to access the Data. This requires, for example, that if Data are stored on a shared computer system or on a file server, they must be password or encryption-protected. If Data are stored on a network-accessible computer, there should be measures in place to prevent access by computer hackers or contamination by viruses and spyware. Moreover, if the computer(s) that hold Data are backed up, the backed-up media must also be encrypted and stored in a secure location.

D. I understand that anyone (mentioned in Section 1 of this *Data and Biosample Access Application Form*) who will use Data should be trained in the responsible use of Participant information and be familiar with the terms and conditions of the *Access Policy*, this *Data and Biosample Access Application Form* and the *Data and Biosample Access Agreement*. I am responsible for ensuring that research staff comply with these terms and conditions.

E. I understand that upon completion of my research project, I must destroy all local copies, including backups, of the Data by the date specified in the *Data and Biosample Access Agreement*.

F. I will send a copy of my analysis code to OHS in case of potential needs to reproduce my variables or findings at a later date.

**Biosamples Security Assessment**

Not applicable – access to Biosamples is not requested.

To avoid any privacy breaches, you must follow reasonable biosamples security practices and procedures. You must ensure that this is also the case for research staff and any external service providers and commercial laboratories mentioned in Section 1. To be eligible for access, all boxes from A to E must be checked.

A. My institution has a biosamples security policy.

B. Each services provider and/or commercial laboratory used, if applicable, has a formal biosamples security policy.

C. I will implement appropriate access security so as to ensure that only the authorized individuals mentioned in Section 1 of this *Data and Biosample Access Application Form* are able to access the Biosamples. This requires, for example, that Biosamples be stored in a room with restricted access and, if not, in a locked freezer/refrigerator.

D. I understand that anyone (mentioned in Section 1 of this *Data and Biosample Access Application Form*) who will use Biosamples should be trained in the responsible use of Participant information and be familiar with the terms and conditions of the *Access Policy*, this *Data and Biosample Access Application Form* and the *Data and Biosample Access Agreement*. I am responsible for ensuring research staff comply with these terms and conditions.

E. I understand that upon completion of my research project, I may be asked to either destroy or return Biosamples at OHS’s request.

**SECTION 7: COMMUNICATIONS**

How did you learn about OHS?

**Publications**

I agree to recognize the contribution of the OHS by including a proper acknowledgement in all reports, presentations and publications resulting from my use of the Data and/or Biosamples. The following statement shall be included:

*“We thank the participants in the Ontario Health Study (OHS). The data and biosamples used for this research were made available by the OHS with the financial support from the Canadian Partnership Against Cancer, Health Canada, the Ontario Institute for Cancer Research and the Government of Ontario. The views expressed herein represent the views of the Authors and do not necessarily represent the views of Canadian Partnership Against Cancer, Health Canada, the Ontario Institute for Cancer Research or the Government of Ontario.”*

**SIGNATURE**

**Principal Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Authorized Institutional Legal Representative of the Host Institution:**

(Note: This person must be able to legally bind the institution.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Checklist of Required Documents**

Please attach the following required documentation before submitting your application.

Completed *Data and Biosample Access Application Form* (this form)

Decision letter from a Research Ethics Board (REB) or comparable decisional committee (English or French; an institutional approval number should also be provided, if available)

Copy of REB-approved research protocol

Evidence of funding, if available

Brief CV of Principal Applicant (2 pages)

Evidence of scientific peer-review, if available

Confirmation of feasibility for Data Linkage from the appropriate data custodian(s), if applicable/available

**Please email a PDF of the signed *Data and Biosample Access Application Form* and all required supporting documents to access@ontariohealthstudy.ca.**

**Appendix A: Authorized Institutional Legal Representative**

Please complete this section for any Research Team members who (1) are located at a different institution than the Applicant’s institution, and (2) will have access to individual-level Data and/or Biosamples.

Please include a full postal address and a valid institutional email address for each Authorized Institutional Legal Representative.

**Name of Research Team Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Institutional Legal Representative:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Institutional Email Address** |  |
| **Telephone Number** |  |
| **Institutional Mailing Address** |  |

**Name of Research Team Member**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Institutional Legal Representative:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Institutional Email Address** |  |
| **Telephone Number** |  |
| **Institutional Mailing Address** |  |

**Name of Research Team Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Institutional Legal Representative:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Institutional Email Address** |  |
| **Telephone Number** |  |
| **Institutional Mailing Address** |  |

**Name of Research Team Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Institutional Legal Representative:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Institutional Email Address** |  |
| **Telephone Number** |  |
| **Institutional Mailing Address** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Cohorts | | | | |
| ATP | BCGP | CaG | OHS | PATH |
| Biosample Type | Red Top: Serum | ACD: Whole Blood in DMSO | ACD: Whole Blood in DMSO | Ficoll Separated Lymphocytes in DMSO/FBS | Toe Nails  Saliva |
|  |  | PST: Plasma |  | PST: Plasma |
|  |  | NaCitrate: Plasma |  |  |
|  |  | Pax-Gene: Tempus |  |  |

**Appendix B: Biosamples Available from CanPath and its Regional Cohorts**

ATP: Alberta Tomorrow Project: <https://myatp.ca/>

BCGP: BC Generations Project: <https://www.bcgenerationsproject.ca/>

CaG: CARTaGENE (Quebec): <https://www.cartagene.qc.ca/en>

PATH: Atlantic PATH: <http://atlanticpath.ca/>

Canadian Partnership for Tomorrow’s Health: <https://canpath.ca/>