

Instructions:

SECTION A. EXPECTED DUE DATE:

Enter the date you expect to receive results from Informatics. Once the form is received, it will be reviewed by Informatics. Due to the complexity and volume of requests received, consultation may be required to determine a reasonable due date and the estimated work effort.

SECTION B. REQUESTOR CONTACT INFORMATION:

Provide your contact information. This will be used to contact you if Informatics has any further questions.

SECTION C. DESCRIPTION OF DATA REQUESTED:

Provide the intent of the request. Not limited to, but can include:

- What are the grouping elements, if appropriate? (e.g. by hospital, hospital status, transplant centre)
- What other filtering criteria should be used, if any? (e.g. age, gender, organ type)
- What is the preferred report format? (e.g. table, graph, slide)
- What is the data source? (e.g. OATS, iTransplant, HRR)

SECTION D. REPORTING PERIOD (Please select reporting time period(s) that applies and provide "From Date" and "To Date"):

Select whether you would like calendar year, fiscal year, or a custom time period. Please note that multiple reporting periods can be selected. For a custom time period, be sure to include day, month, and year in both "from date" and "to date" fields.

SECTION E. REPORT TYPE:

Select whether you would like the report to include raw data (data extracted where no manipulations and/or calculations have taken place), record level data (data extracted where manipulations and/or calculations are done), or aggregate data (data is gathered and expressed in summary form). If you are not sure, Informatics will consult with you.

SECTION F. HOW WILL DATA BE USED:

Provide the intent of the request. Please state whether the data is for personal use or if the data is being requested for someone else. Select the option to specify whether the data provided by TGLN will be published or not. If data will be shared with external stakeholders outside TGLN, please review the provided report and seek approval prior to distribution.

SECTION G. INTENT TO PUBLISH AND/OR PRESENT DATA:

Please complete this section to indicate whether data will be published or presented. Agreement to acknowledge TGLN is required if data will be published or presented.

SECTION H. FOR INFORMATICS USE ONLY:

Informatics will use this section to determine who will be responsible for the data request, what resources will be required and if cost recovery will be pursued.

NOTES:

- Please email your completed Data Request form to OH-TGLN Service Desk (oh-tgln_servicedesk@ontariohealth.ca). You will receive an email acknowledging that the request has been received.
- If the submitted Data Request form is not filled out completely, the form will be returned to you.
- Please email Informatics (oh-tgln_informatics@ontariohealth.ca) if you have further questions.

Email completed form to oh-tgln_servicedesk@ontariohealth.ca

A. EXPECTED DUE DATE:[Click here to enter a date.](#)**B. REQUESTOR INFORMATION:**

Name of Requestor:	
Date Submitted:	Click here to enter a date.
Project Title (if applicable):	
Position, Department, Institution, University Affiliation:	
Email:	
Phone Number:	
Name(s) of Co-Requestor(s) (if applicable):	
Name/Group to fulfill data request (if known):	

C. DESCRIPTION OF DATA REQUESTED:

Please describe in general terms what data you are requesting. If known, state the specific data elements and/or resources you require. Be sure to indicate if the data is for donors and/or recipients, and if you require summary data (e.g. how many kidney transplant recipients), breakdown (e.g. how many kidney transplant recipients by donor type (DNC/DCC)), and/or detailed data (e.g. for each kidney transplant recipient provide the age, gender etc.). Please also specify how you would like the output of the data (e.g. Excel, PDF,etc)

D. REPORTING PERIOD (Please select reporting time period(s) that applies and provide “Date From” and “Date To”):

	From Date:	To Date:
☐ Calendar Year:		
☐ Fiscal Year:		
☐ Custom Time Period:		

E. REPORT TYPE:

Please select if you require <u>raw</u> data (Data extracted from a database where no manipulations or calculations have taken place in the report.)	☐ Raw Data
Please select if you require <u>record level</u> data (Data extracted from a database where manipulations or calculations are done in the report.)	☐ Record Level
Please select if you require <u>aggregate</u> data (Data is gathered and expressed in summary form.)	☐ Aggregate
Please select if you're not sure. Informatics will consult with you.	☐ I don't know

F. HOW WILL DATA BE USED:

E.g. Education, conference, Data validation, improve transplant outcomes, support clinical practice, etc.		
Is this data for your own use? If no, state who it is for.	☐ Yes ☐ No	Data for:
Will you be sharing this data outside of TGLN/your own organization?	☐ Yes	☐ No
If answer to above is yes, please let us know what organization you're planning to share the data with.		

G. INTENT TO PUBLISH AND/OR PRESENT DATA:

Intent to Publish Results: ☐ No ☐ Yes If yes, by checking this box ☐ I _____ (name of Requestor) on Click here to enter a date., agree to acknowledge TGLN's contribution as a collaborator in such publication and to inform TGLN of the publication.
Intent to Present Results: ☐ No ☐ Yes If yes, by checking this box ☐ I _____ (name of Requestor) on Click here to enter a date., agree to acknowledge TGLN's contribution as a collaborator in such presentation and to inform TGLN of the presentation.

H. FOR INFORMATICS USE ONLY:

Data Request Assigned to:	
ServiceDesk Ticket#/Intake#	
Level of work required to complete Data Request	☐ Consult on and develop data specifications ☐ Data compilation ☐ New data acquisition ☐ Statistical analysis and/or interpretation ☐ Consultation ☐ Other (please specify): _____
Cost Recovery Required?	☐ Yes ☐ No

Email completed form to oh-tgln_servicedesk@ontariohealth.ca