

Research Request Form

For requests related to any type of research project, including Data Requests, Tissue/Organ/Blood Samples, Clinical Interventions, and/or Consultation.

Completed forms should be submitted to beth.paltser@ontariohealth.ca

Date of Application:/_/ Day Month Year
Project Title:
Name of Requestor:
Position, Department, Institution, University Affiliation:
Contact Information (telephone, email):
Name(s) of Co-Requestor/Co-Investigators(s):
Curriculum Vitae (CV) (Please attach)
Lay Abstract that can be used to explain your proposal/data request to the general public. Maximum 200 words.

Version: 2023-04-12 Page 1 of 5

Proposal for Project/Data Request. Include background, objective(s), and methods (subjects, data acquisition, analysis, outcomes) or provide study proposal/protocol. Maximum 1000 words.

Version: 2023-04-12 Page **2** of **5**

Impact, Knowledge Translation, and Relevant Stakeholders. Specifically comment on potential for increasing consent
registration rate, increasing organ donor numbers, increasing tissue donor numbers, increasing transplant numbers,
or improving transplant outcomes. Maximum 500 words.

Version: 2023-04-12 Page **3** of **5**

Timeline/Expected Completion Date:
Budget details:
Granting/Funding Institution(s) (Academic Centre, Hospital, Research Centre) and Amount:
Research Ethics Board (REB) Approval Obtained:
Yes (Please attach letters of authorization)
No, please explain:
Anticipated Requirements of TGLN staff:
Consultation
Letter of support
Protocol development and co-investigation
Consult on and develop data specifications
Data compilation
New data acquisition
Statistical analysis and/or interpretation
Manuscript revision
Consent from substitute decision maker Procurement of tissue/organ or fluid/blood samples
Transportation of samples/arranging courier
Pick up of discarded tissue
Other (please specify)
Other (picase specify)

Version: 2022-04-13 Page **4** of **5**

Details of Request. Please describe the specific data elements, specimens, resources or interventions you require from TGLN. 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) or detailed data (e.g. for each kidney transplant recipient provide the age, gender etc.)
Reporting Period. Please indicate the reporting time period for the data you require
From:/
Day Month Year
To://
Day Month Year
Intent to Publish Results:
No
Yes
If yes, I (name of Requestor), agree to acknowledge TGLN's contribution
as a collaborator or as an author in such publication and to inform TGLN of the publication.
Signature of Requestor Day Month Year
Signature of Requests.
Intent to Present Results:
No
Yes
If yes, I (name of Requestor), agree to acknowledge TGLN's contribution
as a collaborator or as an author in such presentation and to inform TGLN of the presentation.
Signature of Requestor Day Month Year