

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.

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

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.

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)

