

**TITLE of PROJECT:
NAME OF PRINICPAL INVESTIGATOR (PI):**  **ORGANIZATION OF PI:**  **ROLE:**  **EMAIL ADDRESS OF PI:**  **TELEPHONE NUMBER OF PI:
NAME AND EMAIL ADDRESS OF KEY CONTACT (IF DIFFERENT FROM THE PI):**

Data Custodian Reason for Data Collection

☐Newfoundland and Labrador Centre for Health Information ☐Secondary Use/Chart Review

☐Eastern Health ☐General Research

☐Central Health ☐Genetic/Genomic Research

☐Western Health ☐Clinical Trial

☐Labrador-Grenfell Health ☐Program Evaluation

☐Other ☐Other ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide a complete and accurate list of all data elements/fields that you require along with rationale that explains why you require each requested element/field. When specifying the data elements/fields, please indicate which date/year ranges are required. If you have any questions while completing this form please contact** **DataAccess@nlchi.nl.ca****. Note this Variable List must be submitted with the HREB application.**

| **Data Custodian** | **Name of Requested Database** | **Variable(s) Requested** | **Rationale** | **Date/Year Range of Data Requested** |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |

 **(add extra rows as needed)**

**As per the Personal Health Information Act [Section 49(1)], the disclosure of personal health information by a custodian shall be limited to the minimum amount of information necessary to accomplish the purpose for which it is used.**

**I confirm that the data requested in the table above is the minimum amount of data required to meet the objectives of the current project.**

Signature of Principal Investigator:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the data custodian/representative prior to HREB submission**

Notes about the data requested:

Custodian Acknowledgment(s):
**By signing this variable list, I attest that the organization/individual listed is a custodian of the data being requested and that I have the authority to sign this document as a data custodian/representative of a data custodian.**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\* Please note that this letter of acknowledgement does not represent permission to access the above data, it is only a confirmation that the above organization(s) is a/are custodian(s) of this data.**