

**REDCap Project Initiation Form**

|  |
| --- |
|  |

**Full Project Title**:

**REDCap Project Title** (max. 50 Characters):

**Project Lead:**

**Project Category** (select one)**:**

|  |  |
| --- | --- |
| Research Project | Quality Improvement Project |
| **IWK REB Status**:  ***NOTE:*** *REB approval must be received before the REDCap Project can collect, contain or utilize real data*  Submitted – REB #  Approved  Pending  Not Required | **Director / Vice President Approval.**  For QI projects, the Project Lead’s immediate Director or Vice President, as applicable, must sign off on the following statement.  I have reviewed the REDCap project information and approve the project scope for the above named study.  Director/VP name: ­  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

For each REDCap project, IT will set up an Administrator. The Administrator will have full access to the REDCap project and will be responsible to set-up all other users based on the individuals’ roles and responsibilities.

**REDCap Project Administrator(s) who will be granted full user rights/permissions to the project:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title/Position | Department | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**International Participant Access: If you will require access for international participants, list all countries in which those participants reside so that the firewall can be modified to allow access.**

|  |
| --- |
|  |

**Project Lead Attestation**

I have reviewed the REDCap project information and approve this project be set up for the above named study. I understand the REDCap project is subject to Health Centre and other applicable confidentiality, data and privacy protection laws and/or regulations. I agree to take full responsibility for myself and any project team members assigned to this work, for any and all consequences pertaining to information contained within or accessed from this REDCap project. If this REDCap project is for an IWK REB approved study, I will ensure access is granted in accordance with the approved REB application. Should there be any changes to an individual’s role, an amendment will be submitted to the REB and the REDCap access will be updated accordingly. I will report any adverse events related to this REDCap access to the REB or my director or vice president as applicable. **I understand that a violation of any of the above terms and conditions will result in the closure of the REDCap project and the loss of all data and may result in legal action if applicable.**

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