 **IWK Research Registry Planning Form**

This form is to be completed by researchers who wish to access information from the IWK Research Registry. Completion of the form will help to determine whether the Research Registry is an appropriate recruitment tool for your research study and it will be used to prepare the Research Registry report.

**Study Information:**

**Title of Study:**

**Principal Investigator(s):**

**Contact Person: Name:**

**Role in the Study:** (Research Assistant, Fellow, etc)

**Phone Number:**       **Email Address:**

**Research Ethics Board (REB) Approval Number** **(if available):**

**Request Details:**

Please note once received, Registry lists must be securely stored, only used for the intended purpose and securely shredded, by the appropriate individual, when the information is no longer needed.

**Type of request (check one):**

[ ]  To determine feasibility for conducting a study

[ ]  To contact registry members for study recruitment purposes

[ ]  To contact registry members for patient engagement purposes (e.g. invitation to research team)

[ ]  Other (specify)

**Study description: (250 words or less):**

**Selection Criteria: What information do you need in order to determine subjects for inclusion? (Note the Registry has limited data available as per the categories below):**

[ ]  **Name**

[ ]  **Date of birth – e.g. all those born before 1998**

[ ]  **Address - e.g. only those who live in HRM**

[ ]  **Phone Number**

[ ]  **Gender – e.g. males only**

[ ]  **Location Codes/clinic(s) visited e.g. those who visited Emergency Department, Child Life, and Genetics etc.**

[ ]  **Timeframe e.g. IWK visitors in the month of June 2016 only**

**Report Details: What information is required in your registry report?**

[ ]  **Name**

[ ]  **Date of birth**

[ ]  **Address**

[ ]  **Phone Number**

[ ]  **Gender**

[ ]  **Location codes/clinic(s) visited**

[ ]  **Timeframe e.g. IWK visitors in the month of June 2016 only**

**Report Date: When do you need this report? DD/MM/YYYY**

**Comments or clarifications:**

**Authorization**

Send completed form to ResearchEthicsIWK@iwk.nshealth.cafor review and approval.

REB Approver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Authorized forms will be returned to the above named Contact Person to complete the submission process below.

**Submission Process**

To extract information from the Research Registry, complete the following:

Please complete the questions above and attach to a completed [IT Self-Service request](https://ictservices.nshealth.ca/assystnet/)

* *Service and Support* 🡪 *Applications and Software* 🡪 *Application Report/Data Analysis* 🡪 *Request Data Extract* 🡪 *Select App – type Meditech Magic ADM in the “Name” field and click OK.*
* Provide a description of the information you want to access and the REB ROMEO number in the Remarks section, and attach this Registry Planning Form and, if applicable, the REB approval letter to your request.