Western Research

ORS REFERENCE:

Personal Health Information Project Funding Agreement

Principal Investigator (PI):
Award Recipient (if applicable):
PI Email Address:

Award ID: (example: R####A##)

Brief description of the proposed research:

How long do you have access to data from ICES?

Confirm that this funded research from ICES is operating wholly under section 45 of the Personal Health Information Protection Act, 2004. I am also using data that falls under section 44

Will this award include any Patient Contact Studies involving ICES data? Yes ◯ No ◯

Confirm that you are not obtaining data from other sources in addition to ICES, like hospital medical records, or other databases. I plan to access data from other sources

Will this award only involve ICES data, or will you be contacting human participants to carry out your funded project? This award will require additional research involving humans

If you will be contacting human participants to carry out your funded project, when do you hope to begin carrying out this research?

By signing off on this agreement, I guarantee that I will not use this funding to support any research involving humans without Research Ethics Board approval. Furthermore, I will disclose relevant details about the funded research involving humans with Western Research.

Signature of Principal Investigator	Date

Release of funds recommended:

Office of Research Services	Date

SUBMIT TO: certifications@uwo.ca