Do not modify contents of this application. Direct questions to NB-IRDTprojects@unb.ca

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| **Project:** |
| Full project title: |  |
| Duration of access to data: Standard duration of data access agreements are 2 years. Extensions are available with justification. |
| **Project PI:** |
| First name: |  | Last name: |  |
| Mailing address: |  |
| Email: |  | Phone: |  |
| Affiliation: | Choose an item. | If other, describe: |  |
| Name of affiliation: |  | Position: |  |
| Accessing data in secure Lab? | Choose an item. | If yes, location of data access: | Choose an item. |
| **Data Requirements:** |
| Project data sets: | Choose an item. |
| **Funding:** |
| Funding source: |  | Award amount: |  |
| **Intended Output:** (check all that apply) |
| [ ]  Conference or Symposium Presentation/Poster [ ]  Peer-reviewed Publication [ ]  Report for government or public sector organization [ ]  Academic Requirement (e.g. Thesis) [ ]  Report for non-government agency or group [ ]  Edited Volume [ ]  Other (describe):  |
| Date output anticipated/required (if applicable) | Click here to enter a date. |

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| **Request for contracted services:** |
| NB-IRDT will provide a quote and timeline for any contract service work beyond creation of project data sets based on the following:* Data processing: validation or preliminary analysis of user provided data, creation of additional data sets or subpopulations
* Data analysis including code development: from basic descriptives, like frequencies and means to more complex analysis, like hierarchical linear modeling and exploration of interaction effects
 |
| Click to enter request for research support here |

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| **Project Summary:**  |
| (Max 500 words) Provide a brief overview of your project in lay language.  |
| Click to enter project summary here |

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| **Research Goals:**  |
| (Max 200 words)* What are the research goals for this project?
* What is the anticipated policy or clinical impact of your research?
* Who is the intended audience?
 |
| Click to enter information on research goals here |

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| **Methodology:**  |
| (Max 500 words) Explain the methodology for this project including:* How the data requested and methods employed will be used to answer your research question
* The type of study (retrospective or prospective; RCT, cohort or observation based; etc.)
* Type of analysis (descriptive, regression or other; cross-sectional or longitudinal; etc.)
* If applicable, description of any derived variables that you be defining
* Disease/Drug/Procedure Classification codes: Specify classification codes you are using in the study (e.g., ICD-10-CA/CCI) and tariff codes for diagnoses, tests, and procedures and Drug Identification Numbers (DINs) for drugs.
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| Click to enter methodology description here |

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| **NB-IRDT Data Set** | **Start Date** | **End Date** |
|[ ]  ALS Registry | Start date | End date |
|[ ]  BizNet | Start date | End date |
|[ ]  CCDSS Chronic Obstructive Pulmonary Disease (COPD) Data  | Start date | End date |
|[ ]  CCDSS Diabetes | Start date | End date |
|[ ]  CCDSS Heart Failure | Start date | End date |
|[ ]  CCDSS Hypertension Data | Start date | End date |
|[ ]  CCDSS Ichemic Heart Disease and Acute Myocardial Infraction | Start date | End date |
|[ ]  CCDSS Mood and Anxiety Disorders | Start date | End date |
|[ ]  CCDSS Multiple Sclerosis Data | Start date | End date |
|[ ]  CCDSS Neurological Conditions | Start date | End date |
|[ ]  CCDSS Parkinson's | Start date | End date |
|[ ]  CCDSS Stroke | Start date | End date |
|[ ]  Citizen Database | Start date | End date |
|[ ]  Discharge Abstract Data | Start date | End date |
|[ ]  FMNB Participating Physicians | Start date | End date |
|[ ]  Healthy Toddler Assessments | Start date | End date |
|[ ]  NB Breast Cancer Screening  | Start date | End date |
|[ ]  NB Cancer Registry | Start date | End date |
|[ ]  NB Insulin Pump Program | Start date | End date |
|[ ]  NB Prescription Drug Programs | Start date | End date |
|[ ]  NB Rehabilitation Reporting System | Start date | End date |
|[ ]  NB Suicide Registry | Start date | End date |
|[ ]  NB Trauma Registry | Start date | End date |
|[ ]  Physician Billing | Start date | End date |
|[ ]  Enter Dataset name if not found above. | Start date | End date |
|[ ]  Enter Dataset name if not found above. | Start date | End date |

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| **Other:**  |
| Include any additional information beneficial to reviewing your application not captured above |
| Click to enter other related information here |