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. |
| 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 |