

| REQUEST FOR DEPARTMENTAL APPROVAL (RDA) – FEASIBILITY & ANALYTICS<br>(to be filled by the researcher) |  |                        |  |
|---|--|------------------------|--|
| <b>Project Title:</b>   |  |                        |  |
| <b>Principal Investigator (PI):</b>   |  |                        |  |
| <b>Research Assistant(s):</b>   |  |                        |  |
| <b>Main Project Contact:</b>  |  |                        |  |
| <b>Contact Phone #</b>  |  | <b>Contact E-mail:</b> |  |

| HOW CAN ANALYTICS HELP MY RESEARCH PROJECT?  |
|--|
| <p>The Analytics Team has access to and familiarity with several databases that house SAH patient information, including a repository of SAH electronic health records, Canadian Institute of Health Information (CIHI) data, and MOSAIQ.</p> <p>Analytics can assist by providing the following:</p> <ul style="list-style-type: none"> <li>- information on what type of data is available</li> <li>- a list of patient record numbers that fit your study criteria (to refine your manual search)</li> <li>- extraction of certain data from electronic medical records</li> </ul> <p>For more information, contact Analytics at <a href="mailto:analytics@sah.on.ca">analytics@sah.on.ca</a></p> |

| ANALYTICS DETAILS   |                              |                             |
|---|------------------------------|-----------------------------|
| What is the time frame of your study?   |                              |                             |
| What is the population of interest?<br>(provide ICD codes, if relevant)   |                              |                             |
| Include all inclusion criteria for the study<br>(please be specific)  |                              |                             |
| Include all exclusion criteria for the study<br>(please be specific)  |                              |                             |
| Do you require a sample size estimate?<br>(for your grant application or REB application)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What are your study deadlines?<br>Please note: Analytics will do their best to retrieve your requested information in a timely manner within their queue of other requests. |                              |                             |

| Analytics Declaration  |  |
|--|--|
| The expected turn-around time for review and approval is 2-3 business days.  |  |
| As evidenced by my signature below, my department/program is aware of the research project being proposed and acknowledges that this department/program is supportive of the research and able to accommodate and support the project as set out herein.   |  |
| Analytics Manager's Name:  |  |
| Analytics Manager's Signature:   |  |
| Date of Approval:  |  |
| ATTN: MANAGER—Once signed, retain a copy of this document for your departmental records and scan an electronic copy to <a href="mailto:researchreview@sah.on.ca">researchreview@sah.on.ca</a> ; Research Review will e-mail a copy to the Principal Investigator.  |  |
| Why is a Request for Department Approval (RDA) Necessary?  |  |
| To track the impact research projects have on hospital operations and to ensure the necessary supports are in place to conduct a research project, every department/program affected by the project must approve their part in your project. Impact is defined as any procedure or research protocol that uses hospital resources above those normally required for practice and care.   |  |
| When is the RDA Signed?  |  |
| Prior to commencing work on a research project, researchers are required to interact with the appropriate department/program/unit/site leadership regarding the study requirements. An RDA is intended to facilitate communication about the feasibility of new research projects and cost recovery between the study team and affected hospital programs (i.e. Analytics Department).   |  |
| Instructions to Complete the RDA:  |  |
| <ol style="list-style-type: none"> <li>1. Populate the RDA form with your research project information.</li> <li>2. Submit the document electronically to <a href="mailto:researchreview@sah.on.ca">researchreview@sah.on.ca</a></li> <li>3. Once reviewed and approved, the signed RDA will be e-mailed to you. Please keep a copy for your records.</li> </ol>   |  |
| PRIVACY DETAILS  |  |
| <p>You will be required to complete SAH's Data Sharing Agreement (DSA) prior to seeking Joint GHC/SAH REB approval. The DSA must accompany your REB application.</p> <p>Once you receive Joint GHC/SAH REB Approval and you need to access electronic health records for your research project, you may require a separate research account to access said records. It is the responsibility of the researcher to contact the SAH Privacy Office at 705-759-3434 ext. 6866 or <a href="mailto:febbrarol@sah.on.ca">febbrarol@sah.on.ca</a> to confirm whether new login credentials are required for research purposes. Researchers must provide the Privacy Office with a copy of their Joint GHC/SAH REB Approval Letter prior to being granted access to charts or patient information for research purposes.</p> |  |