

REQUEST FOR DEPARTMENTAL APPROVAL (RDA) – HEALTH RECORDS (to be filled by the researcher)			
Project Title:			
Principal Investigator (PI):			
Research Assistant(s):			
Main Project Contact:			
Contact Phone #		Contact E-mail:	

REQUEST DETAILS			
Is this a mandatory academic requirement for a school? <i>Example: NOSM student, Master's degree, etc.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please indicate the student name and institution:		
Is this a project being funded through a grant or award?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, please indicate funding source:		
HEALTH RECORDS DETAILS			
Please outline which medical records will be used/accessed, if known. <i>Example: Meditech, paper charts, etc.</i>	Click or tap here to enter text.		
CHART REVIEWS: Please outline the parameters of the chart review and include the time period. <i>Example: All charts for children between the ages of 12-18 admitted to the Emergency Department with a head injury between January 1, 2018, and December 31, 2018.</i>	N/A <input type="checkbox"/> Click or tap here to enter text.		
CLINICAL RESEARCH: Do you expect that the research will require chart reviews as part of the patient's enrollment and follow up in the study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Number of charts requested (estimate): physical			
Number of charts requested (estimate): electronic			
Time frame for chart request: <i>Example: All charts required by April 1 or chart pulls can be spread out over a time period (April 1 to September 1)</i>			
Chart retrieval and processing funding: Is there designated funding to compensate Health Records for the costs associated with the study? (see reverse for costs)	Yes <input type="checkbox"/> Source: _____ No <input type="checkbox"/> Pending <input type="checkbox"/> *Please note: any approval given by SAH administration is conditional and dependent on the research team's ability to compensate the Health Records Department for their work.		

Health Records will provide a fee quote based on the information provided on the reverse.

Note: There is no fee for NOSM student projects completed as part of mandatory academic requirements as long as the request is within reason. All requests are handled on a case-by-case basis.

Principal Investigators are responsible for all fees. Health Records will invoice for services rendered.

Health Info Services Admin Fee	\$100.00
On Site/PDF Scanned	\$5.00 per chart pull
Off Site	Estimate will be provided by Health Records for any off-site transportation costs

Health Records Declaration

Please note that 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.

Health Records Manager's Name:

Health Records 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 researchreview@sah.on.ca; 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 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. Diagnostic Imaging, Pharmacy, etc.).

Instructions to Complete the RDA:

1. Populate the RDA form with your research project information.
2. Submit the document electronically to researchreview@sah.on.ca
3. Once reviewed and approved, the signed RDA will be e-mailed to you. Please keep a copy for your records.

PRIVACY DETAILS

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.

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 febrarol@sah.on.ca 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.