Canadian Retinoblastoma Research Registry Data Access Request Form

As a part of the Canadian Retinoblastoma Research Registry (CRRR), registrants can choose to be contacted by the research team and/or external researchers regarding research opportunities (to participate in a research study and/or if there is a position available on the research study team). Please complete the Data Access Request form and email the signed PDF to retinoblastoma.research@sickkids.ca.

Section 1: Applicant Information		
PRINCIPAL INVESTIGATOR INFORMATION	:	
Principal Investigator Last Name:		
Principal Investigator First Name:		
Title:		
Email:		
Position:		
Institution Name and Address:		
PRIMARY CONTACT PERSON FOR CORRE	SPONDENCE:	
Last Name	:	
First Name	:	
Title	:	
Email	:	
Position		
Institution Name and Address	:	
PERSONS WHO WILL HAVE ACCESS TO TI	HE DATA:	
Last Name		
First Name:		
Institution:		
Section 2. Ethics Board Approval		
Please attach a copy of REB certificate or equivalent.		
, Organization: _		
Certificate Number:		
Expiry Date:		
Section 3. Research Project Description		
Project Description		

Project Contact Information	
Please share the project	t description and contact information on RB Canada Research:
☐ Yes ☐ No	
Project Objectives	
Requested Data Justification	
Section 4. Defining Re	gistrant Data
I am requesting the follo	
	R study team to share research study with applicable registrants. pplicable registrants' contact and personal information for research study.

Description of Study Population		
Description of Study Team Member		
DEMOGRAPHIC INFOR	MATION OF REQUESTED REC	GISTRANTS:
1. Age 10 – 14 years 15 – 19 years 20 – 24 years 25 – 29 years 30 – 34 years 35 – 39 years 40 – 44 years 45 – 49 years 50 – 54 years		☐ 55 – 59 years ☐ 60 – 64 years ☐ 65 – 69 years ☐ 70 – 74 years ☐ 75 – 79 years ☐ 80 – 84 years ☐ 85 – 89 years ☐ 90 – 94 years ☐ 95 – 99 years
2. Sex Female Male		
3. What language spoker	n most often at home	
7. Population group(s): White Chinese South Asian Black Filipino Latin America	1	

Southeast Asian Arab West Asian Korean Japanese First Nations or Aboriginal (including Métis and Inuit) Other:
8. Religion Buddhist Christian Hindu Jewish Muslim Sikh Traditional (Aboriginal) Spirituality No religious affiliation Other:
9. Place of residence Rural area (less than 1,000) Small population center (1,000 to 29,000) Medium population center (30,000 to 99,000) Large urban population center (100,000 or greater)
10. Address Information: City: Province:
RETINOBLASTOMA INFORMATION OF REQUESTED REGISTRANTS:
Relationship with retinoblastoma Survivor Diagnosed: 10 – 19 years ago 20 – 29 years ago 30 – 39 years ago 40 – 49 years ago 50 – 59 years ago 60 – 69 years ago 70 – 79 years ago 80 – 89 years ago 90 – 99 years ago
 Mother or father of (a) child(ren) with retinoblastoma Number of children diagnosed with retinoblastoma? □ 1 □ 2 □ 3+ Child(ren) diagnosed □ Less than 1 year ago
☐ 1 – 5 years ago ☐ 6 – 10 years ago ☐ 10+ years ago

☐ I do not have a child affected by retinoblastoma ☐ Other:		
Section 5. Terms of Use: Data Security and Access		
DATA ACCESS PROCESS		
The Canadian Retinoblastoma Research Advisory Board's (CRRAB) Research Advisory Working Group will review all data access approximately every 6 weeks. The working group will ensure all components of the form are valid in order to approve or reject requests or ask for additional information.		
If approved, the Research Advisory Working Group will submit an amendment to REB, including the application of the SickKids scientist named as Co-Investigator and legal. All suitable registrants, using the lease amount of information necessary for the research project, will be extracted from the registry and sent to the study's PI, using OneMail or Secure File Transfer. Data shared with external researchers will be governed by the confidentiality practices at their institutions. Altogether, data access requests have a two- to three-month turnaround period.		
DISCLAIMER		
The following disclaimer must be used when disseminating or publishing any output that references data received from the CRRR: "All inferences, opinions, and conclusions drawn in this publication are those of the authors, and do not reflect the opinions or policies of the Canadian Retinoblastoma Research Advisory Board."		
PATIENT CONTACT		
Patients can only be contacted (1) regarding the approved project, (2) by the study team or external study team members listed in the Data Access Request Form, and (3) once the request has been approved by CRRAB's Research Advisory Working Group and REB. The PI is responsible for contacting applicable registrants that have given permission to be contacted by both the study team and external researchers. Contact must be made through the patient's preferred form of contact (email or phone) or at the PI's preference if patient has selected both options.		
Section 6. Signatures and Declarations		
If data request is approved, the study team, including members stated above, will only contact applicable registrant regarding (study name) with REB approval #		
I have read, understand and agree to the above conditions.		
Principal Investigator Name:		
Principal Investigator Signature: Date:		