 **DATA REQUEST FORM**

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| Name of data request: |       |
| Date: |       |

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| Part A: People |
| A.1. Sponsor[[1]](#footnote-1)*The primary individual (Director level or higher) who is ultimately accountable for the initiative/project that requires data.* |
| Sponsor Name       | Phone       | Primary Email       |
| Sponsor Job Title/Position       | Organization       |
| **A. 2. Project Lead***The project lead is the individual responsible for carrying out the project.* |
| Project Lead Name       | Phone       | Primary Email       |
| Job Title/Position       | Organization       |
| **A. 3. Primary Contact** (if different from Project Lead)*The primary person responsible for communications related to this data request.* |
| Contact Name       | Phone       | Primary Email       |
| Job Title/Position       | Organization       |
| **A. 4. Persons who will handle[[2]](#footnote-2) the data** |
| * Identify ***all*** persons who will handle the data.
* If there are any changes to this list, please notify the person this form is submitted to.
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| **Name** | **Position** | **Email** | **Organization** | **Key Project Roles**  |
|       |       |       |       |       |
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*Add more rows as needed*

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| Part B: Project |
| B. 1. Project description |
| Please describe the project/initiative that requires data. If you have a document that describes your project (a project charter or protocol), please submit it along with this form.       |
| How does this project/initiative contribute to fulfilling your organization’s mandate?       |
| What question are you trying to answer with the data you are requesting?       |
| What is the purpose of answering this question?       |
| B. 2. Type of Project |
| What type of project/initiative/request is this?

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| FOI | [ ]  YES [ ]  NO [ ]  NOT SURE  |
| Request for information | [ ]  YES [ ]  NO [ ]  NOT SURE  |
| Quality assurance/quality improvement | [ ]  YES [ ]  NO [ ]  NOT SURE  |
| Research | [ ]  YES [ ]  NO [ ]  NOT SURE  |
| Other (please explain) |       |

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| B. 3. Project Reviews |
| Does any part of this project/initiative involve disclosing data or information outside of Island Health? [ ]  YES [ ]  NO If NO, please go to the next question.If YES, please complete: Is there currently a Memorandum of Understanding (MOU), Information Sharing Plan (ISP) or any other agreement currently in place related to this project/initiative? [ ]  YES [ ]  NO If YES, please complete: Name and number of the memorandum, agreement or plan in place:      If NO, please completeIs a memorandum, agreement or plan related to this project/initiative being contemplated or created? [ ]  YES [ ]  NO If YES, please name the person leading this work:       |
| Is this request part of, or related to, an initiative that is supported by funding from an external agency, vendor, or third party?[ ]  YES [ ]  NO If YES, please complete: Name of external agency or third party:      Name and number of funding agreement or contract:       |
| Has a privacy review or PIA been completed for this project/initiative?[ ]  YES [ ]  NO If YES, please submit the privacy review or completed PIA with this form. |
| Has an ethics consultation been complete for this project/initiative?[ ]  YES [ ]  NO If YES, please submit the findings of the ethics consultation with this form. |
| Island Health QA/QI projects should be registered with the QI Registry. Has this project been registered with the QI Registry?[ ]  YES [ ]  NO  |
| If this is a research project, has the project received:

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| Ethics approval from a Research Ethics Board? | [ ]  YES [ ]  NO  |
| Institutional Certificate of Approval to conduct research at Island Health | [ ]  YES [ ]  NO  |

If YES, please submit the certificates of approval with this form. |
| **B. 4. Project Funding** |
| Is this request part of, or related to, an initiative that is supported by funding from an external agency, vendor, or third party?[ ]  YES [ ]  NO If YES, please complete: Name(s) of external agency(s) or third party(s):      Name and number of funding agreement(s) or contract(s) or related documentation:       |

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| Part C: Data |
| C. 1. Population of interest (project/initiative cohort) |
| Please describe the population whose data are required e.g. age, gender, diagnosis, geographic area of residence, treatment/services received, timeframe, etc.       |
| C.2. Data Requested |
| Please provide details of the data required e.g. data source, data elements, timeframe, etc. (If you need assistance to understand the data available and what data to request to meet your need, please contact DataRequest@VIHA.ca )       |
| How often will the data be required e.g. once, weekly, monthly, until a certain number of cases are identified, etc.?       |
| If data are required more than once, when is the end date?       |
| C.3. Data De-identification |
| How will person-level data be altered to protect individual privacy? Note: ‘Person-level’ information is information in which each row or record represents a single person.       |

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| Part D: Outputs |
| D. 1. Outputs |
| What are the intended outputs from the data e.g. report containing statistical outputs, presentation containing statistical outputs, etc.?       |
| Will any of the outputs contain person-level information?       |
| Who are the intended audiences for these outputs?       |

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| Part E: Settings (security) |
| E. 1. Data transfer |
| How will the data be transferred to the requester, and in what form e.g. password protected excel spreadsheet.If person-level information will be transferred in significant quantity, or to a third-party, please use [Kiteworks](https://intranet.viha.ca/departments/imit/servicedesk/online_help/data/Documents/kiteworks_userguide.pdf#search=kiteworks), Island Health’s secure file transfer protocol.       |
| E. 2. Data storage location and safeguards |
| Where will the data be stored?       |
| How will access to the data be restricted?       |
| How will the data be kept secure?       |
| E.3. Data Disposition |
| Do you intend to keep this data to use for other purposes?[ ]  YES [ ]  NO If yes, please explain.       |
| When will the data be deleted?       |
| Who will assume responsibility to ensure the data is deleted?       |
| How will you ensure the data is deleted securely and completely?       |

Submit the completed Data Request Form to the person who asked you to complete it.

If you weren’t asked to complete the Form by a specific person, please submit it to DataRequest@viha.ca

1. Sponsor - The primary champion (typically a Vice President, Executive Director/Executive Medical Director, Corporate Director or in some cases Director/Medical Director) for the initiative, who is responsible to appoint a point of contact (Primary Contact), who in turn is responsible for working closely with the data provider and the Privacy Office, as required. A Sponsor is accountable for the implementation and sustainment of the initiative. (Source: Island Health Policy Framework) [↑](#footnote-ref-1)
2. ‘Handle’ means Any act, activity, operation or operations performed on Information including accessing, viewing, searching for, collecting, creating, obtaining, receiving, organizing, structuring, adapting, altering (e.g. anonymization, pseudonymization), using, applying, sharing, disclosing, retaining, storing, deleting, disposing of, discarding, transmitting, disseminating, copying, exporting, transferring, combining, or in any other way engaging with or processing Information. (Sources: Island Health Confidential Information Management Code of Practice Policy, and ISO/IEC 29100:2011,2.23) [↑](#footnote-ref-2)