

Letter of Support Request Form

1.	Requested by: (primary contact for which questions about your application will be directed to)		
	Name (REQUIRED)		
	Phone Number (REQUIRED)		
	Email (REQUIRED)		
	Institution/Org (REQUIRED)	Department (REQUIRED)	
2.	Applicant/PI: (if different from the primary contact identified above, i.e. project sponsor, PI, who the letter should be addressed to)		
	Name		
	Phone Number		
	Email		
	Institution/Organization	Department	
3.	Mailing Address (REQUIRED)		
4.	Select the role (single selection) that best applies to the Applicant/PI (REQUIRED):		
	<p>Academic Clinician Community/Municipal Organization Representative (including policy maker) Federal/Provincial Representative (including policy maker) Healthcare Provider Health System/Care Manager Masters Student Patient and Community Engagement Researcher (PaCER) Patient Partner PhD Student Postdoctoral/Fellow Resident Undergraduate Student Other (describe below)</p> <p style="text-align: center;">Other Role:</p>		
5.	Has there been a previous interaction with AbSPORU regarding this project?		
	<p>Yes No</p> <p>If yes, who did you speak with? Please provide the name of the person you previously spoke with or any relevant request numbers (i.e. EDGE ID, AHS RMT):</p>		
6.	Study Long Title (REQUIRED):		

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	<p>Study Short Title (OPTIONAL): If available, use the short title entered in the ethics application or (Sponsor Initials) ProtocolNumber_ShortTitle/Acronym</p>
7.	<p>Please list the PRIMARY SITE the research is taking place:</p>
8.	<p>Please indicate date that the Letter of Support is required (dd/mm/yyyy):</p> <p>Please indicate the grant deadline (dd/mm/yyyy):</p> <p><i>(Please note that a minimum of 2 weeks time is needed to process letters of support. We cannot guarantee the completion of the letter if applications are submitted less than 2 weeks prior to the required deadline)</i></p>
9.	<p>For each grant application, please indicate the grant name and the institution awarding the grant:</p>
10.	<p>Lay Abstract (REQUIRED) Describe the research plan in language suitable for someone with no experience in your research area (1500 CHARACTERS)</p>
11.	<p>AbSPORU Support Requested</p>
	<p>Please provide a detailed description of the support you require: <i>(Please be as detailed as possible so that we can accurately outline the support services that can be provided. For more information about the services provided, please visit our website: https://absporu.ca/research-services/)</i></p>

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Which AbSPORU Team(s) do you require assistance from?		
Data & Research Services Research Design Data Management Data Analysis Data Extraction & Linkages	Patient Engagement Patient Engagement Plans Patient Partners Training & Mentorship Evaluation & Certification	Learning Health Systems Knowledge Translation Implementation
12.	Please attach the available project document(s):	
	<input type="checkbox"/> Research Protocol/Project Description <input type="checkbox"/> Other Relevant Documents	
13.	AbSPORU Communications	
	Would you like to receive news, updates and opportunities from the Alberta SPOR SUPPORT Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Disclaimer

Alberta SPOR SUPPORT Unit - TERMS OF USE

Alberta Innovates is collecting your personal information under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. Your information will be used and shared with our partners in the Alberta SPOR SUPPORT Unit to 1) contact you regarding your request for resources and the services offered by the Alberta SPOR SUPPORT Unit; and 2) to communicate with you, for example, to respond, to correspond, to assess your request, to provide information, and/or to notify. (The Alberta SPOR SUPPORT Unit has partners at the University of Alberta, University of Calgary, University of Lethbridge, Athabasca University, Alberta Health Services, Alberta Health, Canadian Institutes for Health Research, and Alberta Innovates).

USE AND DISCLOSURE WARRANTY

The Applicant/Principal Investigator (PI) represents and warrants that it has obtained all necessary legal permissions to collect, assess, disclose, use, any and all information (collectively, the 'Information'). The Applicant/PI also represents and warrants that its use of such information complies with all applicable data protection and privacy laws and regulations, including but not limited to the Alberta Freedom of Information and Protection of Privacy Act ('FOIP'), the Alberta Personal Information Protection Act ('PIPA'), Canada's Personal Information Protection and Electronic Documents Act ('PIPEDA') and the European Union General Data Protection Regulation 2016/679 ('GDPR'). Further, the Applicant/PI acknowledges and agrees that non-identifying health information will be uploaded into the EDGE system and may be accessed and used by third-party users, such as programs administered by Alberta Health Services, Covenant Health, and Alberta Innovates as required for administrative purposes, including program monitoring, performance management, evaluation and continuous improvement.

I Agree

If you have questions or concerns about any collection, use or disclosure of information by EDGE Alberta, please contact the AbSPORU Case Manager, by email at absporu@albertainnovates.ca

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