

Services 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)	Dept. (REQUIRED)	
2.	Applicant/PI: (if different from the primary contact identified above, i.e. project sponsor, PI)		
	Name		
	Phone Number		
	Email		
	Institution/Organization	Department	
3.	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) Other role:</p>		
4.	Has there been a previous interaction with AbSPORU regarding this project?		
	<p><input type="checkbox"/> Yes <input type="checkbox"/> 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>		
5.	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>
<p>6.</p>	<p>Type of Study (select all that apply):</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Chart Review <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Comparative Effectiveness Research <input type="checkbox"/> Epidemiological Study <input type="checkbox"/> Health Systems Research <input type="checkbox"/> Implementation (Science) Study <input type="checkbox"/> Innovation Study <input type="checkbox"/> Knowledge Synthesis <input type="checkbox"/> Multi-Centre Trial <input type="checkbox"/> Pilot Study <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Qualitative Study <input type="checkbox"/> Real World Evidence (RWE) <input type="checkbox"/> Technology Assessment/Development <input type="checkbox"/> Validation Study <input type="checkbox"/> Other
<p>7.</p>	<p>Research Ethics Status Please see the <i>Research Ethics Approval</i> section for more details.</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> ETHICS APPROVAL OBTAINED - include a copy of the Ethics Approval (and renewal if applicable). If requesting data, also include the Research Proposal and list of data requirements. Per the Health Information Act, research-related requests cannot be processed until this documentation is received. <p>Please indicate the Ethics Application Number:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ETHICS APPROVAL NOT REQUIRED AT THIS STUDY STAGE - (i.e. Grant application, project planning etc.) <input type="checkbox"/> ETHICS APPROVAL NOT REQUIRED FOR THIS PROJECT
<p>8.</p>	<p>Please list the PRIMARY SITE the research is taking place:</p>
<p>9.</p>	<p>Please indicate the target start <u>and</u> completion date(s) for AbSPORU services (dd/mm/yyyy)</p> <p>Target Start Date: _____ Target Completion Date: _____</p>

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10.	Is this project funded?	
	<input type="checkbox"/> Yes – Grant <input type="checkbox"/> Yes – Industry <input type="checkbox"/> Yes – Other <input type="checkbox"/> No <input type="checkbox"/> Applying for funding	
	Indicate if the project will be funded by the following initiative(s)? <input type="checkbox"/> Not Applicable <input type="checkbox"/> iCT Catalyst Grants <input type="checkbox"/> iCT Chairs <input type="checkbox"/> iCT Multi-Year Grants – Launch #1 (Open) <input type="checkbox"/> iCT Multi-Year Grants – Launch #2 (JDRF) <input type="checkbox"/> Patient Engagement Collaboration Grants <input type="checkbox"/> Patient Oriented Research Collaboration Grants <input type="checkbox"/> Rewarding Success – Business Case Development Grants <input type="checkbox"/> Rewarding Success – Team Grants <input type="checkbox"/> Rewarding Success – Travel Awards <input type="checkbox"/> SPOR Clinical Trial Grant	
11.	Indicate whether your project involves one of the following networks or SPOR units:	
	Strategic Clinical Network(s):	National SPOR Network(s):
	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Bone and Joint Health <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular Health and Stroke <input type="checkbox"/> Critical Care <input type="checkbox"/> Diabetes, Obesity and Nutrition <input type="checkbox"/> Digestive Health <input type="checkbox"/> Emergency <input type="checkbox"/> Maternal Newborn Child & Youth <input type="checkbox"/> Medicine <input type="checkbox"/> Neurosciences, Rehabilitation and Vision <input type="checkbox"/> Surgery	Not Applicable CHILD-BRIGHT Network Chronic Pain Network Diabetes Action Canada Inflammation, Microbiome, and Alimentation: Gastro-Intestinal and Neuropsychiatric Effects: the IMAGINE-SPOR Chronic Disease Network Listening, Learning, Leading: Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease (Can-SOLVE CKD) Primary and Integrated Health Care Innovations - PIHCI Youth and Adolescent Mental Health - ACCESS Open Minds

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SPOR SUPPORT Unit(s):	EDI Priority Area(s) – Health Issues of:
<ul style="list-style-type: none"> <input type="checkbox"/> Not Applicable <input type="checkbox"/> British Columbia <input type="checkbox"/> Manitoba <input type="checkbox"/> Maritime Support Unit <input type="checkbox"/> Newfoundland & Labrador <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nunavut <input type="checkbox"/> Ontario <input type="checkbox"/> Quebec <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Yukon 	<p>Not Applicable</p> <p>This research includes Indigenous Peoples</p> <p>This research is aimed to specifically address the health of the following groups (select all that apply):</p> <ul style="list-style-type: none"> A particular racial or ethnic group A particular gender identify/role A particular sex A particular sexuality/sexual orientation Newcomers to Canada A group affected by a particular structural or geographic vulnerability A particular group not already listed (please specify):
<p>12.</p>	<p>Lay Abstract (REQUIRED) Describe the research in plain language suitable for someone with no experience in your research area. (1500 CHARACTERS)</p>
<p>13.</p>	<p>Potential for Impact (REQUIRED) Explain whether patient partners helped identify the research problem and/or priority, and how the research/project outcomes might have an impact on patients' health or the health system.</p>

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14.	AbSPORU Support Requested			
Provide a detailed description of the support you require:				
Which AbSPORU support(s) do you require assistance with? For more information about the services provided, please visit our website: https://absporu.ca/research-services/				
Data & Research Services	Research Design Data Extraction & Linkages Data Management Data Analysis	Patient Engagement	Patient Partners Training & Mentorship Evaluation & Certification	
		Learning & YUH Systems	Knowledge Translation Implementation	
15.	Project Documents			
Please attach a copy of the following documents, if available:				
<input type="checkbox"/> Research Protocol/Project Description <input type="checkbox"/> Ethics Approval, if applicable (as per Question #7) <input type="checkbox"/> Other Relevant Documents				
16.	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

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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

Please complete a spell check of all document form field text entries by selection F7 and then Start