



DATA REQUEST APPLICATION

This form is used to request data from the BC Centre for Disease Control, BC Public Health Labs (also referred to as the Public Health Microbiology & Reference Laboratory) or the Panorama public health information system.

BEFORE YOU COMPLETE THIS APPLICATION:

- **Looking for public health statistics?** Please consult the reports and statistical data published on the BCCDC website at www.bccdc.ca. These may already contain the information you are looking for.
- **Please provide sufficient detail in your application.** This gives our review team a thorough understanding of your request, purposes and objectives. Incomplete submissions may result in processing delays. Include additional information on separate pages if required.
- **Ethics approval is required for research projects.** If you are requesting data for a research purpose, we require your Research Ethics Board application and approval documents with your submission. Submissions for research purposes without these documents will not be processed.
- **The application must be completed electronically.** Applications completed by hand will not be accepted.

INFORMATION REGARDING YOUR SUBMISSION:

- **Requests for Identifiable Information:** Requests for data sets including identifiable information about individuals are approved in rare circumstances only. It is incumbent on the requester to establish how the request purposes/objectives can only be completed with identifiable information. If the request is for identifiable information or information that is at high risk of re-identification, the requirements for securing the information will be stringent. For example, requests will not be approved if the requester cannot demonstrate that the data will be adequately secured.
- **Review Process:** Depending on the type of data requested, submissions may require review from one or more data stewardship committees. Data stewardship committees typically meet on a monthly basis. Data requests will be placed in a queue based on date of receipt, and we will provide you with an anticipated review date.
- **Review Timelines:** The approval process and turnaround time for completion will vary depending on the complexity of the request (e.g. level of aggregation or re-identification risk, review/approval requirements, data processing time). Requesters should anticipate at least two months from submission date to receive their data.
- **Terms and Conditions:** all data requests must abide by the Terms and Conditions document available on the BCCDC data access webpage. Please thoroughly review these Terms and Conditions before you sign the request form.
By signing the data request application, you agree to the Terms and Conditions document.
- **Additional Clarification and Documentation:** You will be contacted about your request if any clarifications are required. Depending on the nature of the request, requesters may be required to enter into an information sharing or research agreement to receive the requested data. Members of a Project Team may be required to complete a Confidentiality Undertaking.
- **Questions:** Any questions or notices concerning your request or the submission process can be submitted to the data request inbox at datarequest@bccdc.ca.

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Date Received (Office use only)		File Number
PART A: REQUESTER INFORMATION		
First Name	Last Name	Date of Application
Position	Facility/Organization	Program/Division
Work Phone Number	Fax Number	Email Address
Location and Address		
If you are already liaising with someone within BCCDC, Public Health Labs or Panorama, indicate their name and contact number. Please also declare any conflict of interest.		
PART B: DESCRIPTION OF PROJECT		
1. Name of Project		
2. What is the primary purpose for this project?		
<input type="checkbox"/> Research <input type="checkbox"/> Surveillance <input type="checkbox"/> Outbreak Investigation <input type="checkbox"/> Program Monitoring or Evaluation <input type="checkbox"/> Education/Training <input type="checkbox"/> Other (please describe)		
3. Provide a detailed description of the project (attach pages if required)		

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4. Describe the benefits and outcomes to be derived from the project

5. Describe the project's funding

6. Ethics review

Has an ethics review board approved this project? (required for all data requests for a research purpose)

- YES (for research requests, please see required supporting documents under Part E)
- NO (for research requests only: explain why)

8. Project dates

Is this a routine (reoccurring) request? If yes, please indicate frequency:

For all other projects, please provide your start/end dates

Project start date:

Project end date:

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PART C: DESCRIPTION OF DATA AND PRIVACY

9. Type of data requested by the requester

DATA TYPE	EXPLANATION
<input type="checkbox"/> Non-identifiable or Aggregate	Data elements that have been combined or that are not sufficiently narrowing in their scope as to uniquely identify an individual or small subset of the population (such as blood pressure or temperature). This includes non-identifying line-listed data.
<input type="checkbox"/> Potentially identifiable	Data elements include information (such as medical history, hospital discharge date, birth date, death date, full postal code) that, in combination with other information, may re-identify an individual. This includes line-listed data stripped of overt identifiers such as name, address, etc.
<input type="checkbox"/> Potentially identifiable as First Nations data	Data elements that could reveal First Nations identity, either at an individual or community level.
<input type="checkbox"/> Potentially identifiable as Yukon data	Request includes information on Yukon residents.
<input type="checkbox"/> Identifiable	Data elements include names, addresses, personal health number or other similar identifying numbers such as driver's license number, email address, etc. Please note that requests for identifiable information are approved on rare occasions only. In BC, information may not be used for the purposes of contacting individuals without the approval of the Information and Privacy commissioner.

If requesting **Potentially Identifiable or Identifiable** data, provide a detailed explanation for why the use of this data is critical to the achievement of the purpose/objective identified above.

10. Variables/fields requested; time frame; geographic area of interest

List of all variables requested (attach additional pages if necessary):

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Time period of interest:

Geographic area of interest:

A single dataset is requested, no linkage is required (skip to question 12)

11. Provide detailed description of data linkage, including directly identifying variables will be removed, if applicable

- a) If data linkage is required, what information will be provided by the requester (source of data and variables):

- b) What variables, if any, will be provided by third parties (e.g. Vital Statistics):

- c) What process will be required for the data linkage (what variables will be linked, who will do the linkage, where will the linkage be done, etc.):

- d) Describe how data will be de-identified (e.g. what variables will be removed):

12. Provide the safeguards in place at your organization

Technological (i.e. password protected folders, secure network, encryption, etc.)

Organizational (i.e. privacy policies, employee confidentiality training, accountability, etc.)

Physical (i.e. secure building, lockable offices and filing cabinets, etc.)

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14. Which format is required for output (excel, access, etc.)?

15. Will the data be accessed, stored or disclosed outside Canada?

- Yes (this is not permissible if the data is information about an identifiable individual)
- No

PART E: SUPPORTING DOCUMENTATION PROVIDED BY THE REQUESTER

- Study Design Details / Protocol (*required for research requests)
- Research Ethics Board Submission (*required for research requests)
- Research Ethics Board Approval (*required for research requests)
- Proof of approval by Information and Privacy Commissioner (*required if requested data is for research purposes and will be used to contact individuals)
- Privacy Impact Assessment, if applicable
- Other documents (please specify):

PART F: SIGNATURE OF REQUESTER

By signing this application, I certify that all the information I have provided is accurate and complete; that I have read and understood and will comply with the **Terms and Conditions** of my access to the requested data, and; I will immediately report new information that affects the accuracy and completeness of the information provided.

Signature:

Name:

Date: