

C-OPN: User Request Form

(Please fill out this online form, attach the requested documents, and email to: national.manager@copn-rpco.ca)

Requestor Name:	
Are you a C-OPN Member?	
Request Date: (yyyy-mm-dd)	
Institution/Organization/Community	
Affiliation	
Principle Investigator:	
Project Title:	

Project Purpose/Objective: give a general explanation of the research project and how the data requested is needed for the project.

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Data Requested:

- ☐ Demographic questionnaire
- ☐ Clinical questionnaire
- ☐ Epidemiological questionnaire
- ☐ Medications questionnaire
- ☐ MoCA results
- ☐ Analyzed biological material data
- ☐ MRI Imaging

Comments:

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FOR OFFICE USE ONLY	
C-OPN Review Committee	
Access Checklist: <input type="checkbox"/> Personal credentials were verified <input type="checkbox"/> Project has substantial scientific merit <input type="checkbox"/> Proof of appropriate ethics approval for the project (if needed) <input type="checkbox"/> Provided an informed consent form (if needed)	
<input type="checkbox"/> I approve this request.	<input type="checkbox"/> *I do not approve this request.
Approver's Name:	
Approver's Signature:	
Approval Date: (yyyy-mm-dd)	
* Reason:	
Request Number	