

C-OPN Registry: Data Access 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:	
REB Ethics ID:	
Number of participants requested:	

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

Inclusion/Exclusion Criteria:

Attach the following documents with request form:

- ☐ Copy of Ethics Approval Certificate
- ☐ Copy of Informed Consent Form

Comments:

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	