

## Contact Information

Please provide your contact information:

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Faculty (if applicable) \_\_\_\_\_  
 Department (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City and Postal Code \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Phone \_\_\_\_\_

What role best describes you?

Clinical     Academic     Policy or decision-maker

Please provide contact information for any additional research team member(s) you wish to be included

Name	_____	E-mail	_____
Name	_____	E-mail	_____
Name	_____	E-mail	_____

## Project Information

Project Title \_\_\_\_\_  
 PI Name \_\_\_\_\_  
 Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_  
 Approx. date support is req.'d \_\_\_\_\_

Please indicate which organization initiated this research (if applicable):

Department of Health and Community Services

Investigator-initiated

Regional Health Authority

Please Specify:

Other SUPPORT Unit/SPOR Network

Please Specify:

Briefly describe your project or research topic:

Briefly describe how your project is patient-oriented research\*:

\*CIHR defines patient-oriented research as a continuum of research ranging from initial human studies of a new intervention to research that evaluates the implementation of interventions in the healthcare system, including “the evaluation of new and current diagnostic approaches, treatments, devices or practices as well as the synthesis, dissemination and integration of this new knowledge into the healthcare system.”<sup>1</sup>

For more information, please visit the Strategy for Patient-Oriented Research website at: <http://www.cihr-irsc.gc.ca/e/41232.html>, or the NL SUPPORT website at <http://www.nlsupport.ca>

Please indicate the current stage of your project:

Planning

Data Analysis

Proposal development

Other

Please specify:

Collecting Data

## Ethics Review Status

Ethics approval is not necessary to access NL SUPPORT services, but you are responsible for obtaining ethics approval for your research where required.

If ethics approval is required, please provide the following:

Research Ethics Body:

REB application submitted:

Date application submitted:

REB application approved:

REB approval #:

REB approval date:

## Research Support

Please indicate which expertise you believe you will need to assist your project:

Data analysis and linkage support (a separate request form may be required)

Please specify:

Methodological support

Please specify:

Knowledge translation

Please specify:

Patient engagement

Please specify:

Project development

Please specify:

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<sup>1</sup> Canadian institutes of Health Research, Strategy for Patient-Oriented Research [Internet]. Ottawa: Canadian Institutes of Health Research; 2014 [cited 2015 Jan 29]. Available from: <http://www.cihr.irsc.gc.ca/e/41232.html>