



Research Study Application

Please complete this form if you are asking to do a research study with TVCC staff actively recruiting participants or if you want access to TVCC clinical records for research purposes. If you are asking for TVCC to simply share information about your study (e.g., on our social media), then contact research@tvcc.on.ca instead of using this form.

Enter the information below in simple, clear language with as few words as possible. It may be used in our research reports, participant brochures, and website. You may add up to two pages of further background information if you'd like.

Contact Information

Name: _____ Position: _____
Affiliation: _____ Phone: _____
Email: _____

Name: _____ Position: _____
Affiliation: _____ Phone: _____
Email: _____

Others involved in the study:

Are any TVCC staff involved as investigators or collaborators? Yes No

Name(s): _____

Please list the source of any funding:

About the Study

Study Name

(Name of the study in 15 words or less)

Date of Ethics Board Approval or intended date of submission

(Name in year-month-day format)

Abstract for Lay Readers

Please write a brief summary (100 words or less) in plain language.

Timeline

What are the estimated dates for the study to start and end?

Participants

Please list inclusion and exclusion criteria.

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Potential Benefits and Risks

Describe benefits and risks to participants.

TVCC Involvement

Please describe how you are hoping TVCC can support your project. Ideally, you will have talked about this with a clinical area or our records department beforehand, as the final approval for moving forward with a project rests with the Director of the area providing support. Contact research@tvcc.on.ca if you're not sure who at TVCC to plan with.

Recruitment Process

Give an overview of the procedures for the TVCC Research Contact person to follow.

Other TVCC Staff Involvement

List any other activities you're asking TVCC staff to do, noting this might require an agreement about the study paying us for staff time.

Space

Describe any space needed at a TVCC site.

Data Management and Privacy

Give an overview of the procedures for collecting, sharing, analyzing, storing, and deleting study data.

Sharing Study Results

Describe how and when study results will be shared with participants and TVCC staff, including any support needed from TVCC.

Submit this form (with up to two additional pages of background information if you want) to research@tvcc.on.ca. We will respond within two weeks.

For TVCC to Complete

Questions or Further Information Needed

List any questions, comments, and further information needed from the applicants.

Clinical Area and Research Contact

What clinical area agreed to support this study and who is the Research Contact person?

Conditions of Approval

List any additional information/approval conditions.

Was this Research Study Application approved: Yes No

Notes:

Director approval (type name):

Research Director approval:

Is a research account needed? Yes No

TVCC Study Number: