



DALHOUSIE UNIVERSITY

Health Data Nova Scotia

HDNS Data Access Amendment Form

Information contained on this form will be used to evaluate your request for an amendment to an approved project. Please complete all sections of the form and provide any additional information that is requested. Incomplete forms will be returned to the researcher.

For more information please contact hdns@dal.ca

5850 College Street, Rm. 4L05
Halifax, Nova Scotia B3H 4H7
hdns@dal.ca

Please note this form must be accompanied by a revised Data Access Request form including today's date and changes highlighted.

Instructions:

1. An amendment to an approved project may be requested only when changes must be made to complete the work that was described in the approved, original Data Access Request submission.
2. Amendment submissions require this **completed Amendment form** as well as the **revised HDNS Data Access Request form with today's date and changes highlighted**. For significant changes, the approved Research Ethics Board Amendment form and current Research Ethics Board approval letter are also required.
3. Prior to signing, electronic documents must be submitted to hdns@dal.ca. Once HDNS has reviewed and any revisions have been made, please mail or deliver **signed originals** (scans or copies are not accepted) of all forms to:

Health Data Nova Scotia
c/o Sandra Pauls
Dalhousie University
5850 College Street, Rm. 4L05
Halifax, NS B3H 4H7

4. Amendments cannot be implemented until the researcher is in receipt of a scanned copy of this form with the signature of the HDNS Data Access Committee Chair.

FOR INTERNAL USE:	Project Tracking ID	
	Intake Date	
	Amendment ID	

CONTACT/PROJECT INFORMATION			
HDNS Project Tracking Number (this number is indicated on your feasibility letter from HDNS)			
Full Project Title			
Today's date:			
Local Principal Investigator:			
Department:		Email:	

PLEASE ANSWER THE FOLLOWING QUESTIONS		
1. Are you adding study personnel?	Yes	No
a) If yes to question 1 , will they require access to person-level data?	Yes	No
If yes to question 1 , please list the individual(s):		
b) Please provide a CV for all personnel accessing person-level data. *NOTE* All individuals accessing personal-level data and study PIs must sign a Confidentiality Agreement.	Copy of CV attached?	Yes
		No
2. Do you require additional years of data for the original fields requested?	Yes	No
If yes to question 2 , please indicate datasets and years required.		

3. Do you require additional datasets and/or variables that were not requested in the <u>original submission</u> or have you modified your study objectives or analysis plan?	Yes	No
If yes to question 3 , please provide a copy of the updated research protocol, approved Research Ethics Board Amendment form, current Research Ethics Board approval/renewal and complete the following table.		

AMENDED DATA ACCESS REQUEST
Clearly Identify Objective(s):
Describe Methodology:

LIST OF VARIABLES NEEDED FOR OBJECTIVE(S)

Only the minimum dataset required to fulfill the objective(s) will be considered for release.

* If additional space is required for variables, please attach as an appendix.

Source of Data	Variable	Level of Identification	Time Span	Why is this element required in the analysis?	Why is this level of identification required?
MSI	Age	Age of each person >65	1999-Present	To calculate age adjusted incidence rates	Categorized age variable cannot be used for calculating age adjusted incidence rates

PLEASE PROVIDE ANY OTHER INFORMATION RELEVANT TO THIS REQUEST

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Signature of Principal Investigator:	
Date:	

APPROVED DAC Chair:	<hr/> Lindsay Stewart, HDNS Data Access Committee Chair
Date:	

For more information, please contact: hdns@dal.ca