**Research Data Request Form**

**When to Use This Form**

This form is used to request data from the Ontario Cannabis Store (OCS) to support a research study.

**Terms and Condition for Research Requests**

This process applies to all research requests received by the OCS from a researcher. Researchers must be affiliated with an accredited research institution, and the primary purpose of the research must be educational from a public interest perspective and must not be commercial in nature.

Before the request is approved, the OCS will ensure that the release of information complies with the OCS’s obligations under the *Freedom of Information and Protection of Privacy Act* (FIPPA).

**Submission Instructions**

1. All sections of this form must be completed. Please ensure the appropriate signature is provided in Section G. See the checklist at the end of the form.
2. Submit the completed application package to research@ocs.ca. Please ensure the information provided is consistent across all documentation.
3. If you require assistance in submitting the package, please contact research@ocs.ca.

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| RESEARCH DATA REQUEST INFORMATION |
| A. CONTACT INFORMATION |
| Name of Principal Investigator | Click here to enter text. |
| Role/Title | Click here to enter text. |
| Name of Organization  | Click here to enter text. |
| Address  | Click here to enter text. |
| Phone  | Click here to enter text. |
| Email | Click here to enter text. |
|   |
| Name of Alternate Contact  | Click here to enter text. |
| Role/Title |  Click here to enter text. |
| Name of Organization  | Click here to enter text. |
| Address  | Click here to enter text. |
| Phone  | Click here to enter text. |
| Email | Click here to enter text. |
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| Name of Governing Research Institution for the Research Project | Click here to enter text. |
| Name of Authorized Signatory for the Governing Research Institution | Click here to enter text. |
| Role of Authorized Signatory | Click here to enter text. |
| Address of Institution | Click here to enter text. |
| Phone of Institution | Click here to enter text. |
| *Please complete Section G: Additional Research Team Members with the names of all co-investigators and persons who will have access to the requested data.* |
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| B. PROJECT DESCRIPTION OVERVIEW |
| 1. Project TitleClick here to enter text. |
| 2. Research Purpose and Relevance*Briefly describe the purpose of the research project, stating the research question or hypothesis to be examined and the relevance of the research findings.* Click here to enter text. |
| 3. Research Plan *Append a full research plan describing the research project. The research plan should include the objectives, methodology and anticipated public and/or scientific benefit.* |
| 4. Analytical Plan *Describe the proposed analysis to be done using OCS data.*Click here to enter text. |
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| C. RESEARCH APPROVALS |
| 1. Funding and Granting InformationDoes this research study have approved funding? [ ]  Yes [ ]  [ ]  No [ ] If yes, please complete the remaining questions in this section.Funding Organization: Click here to enter text.Period of Grant: From: Click here to enter a date. To: Click here to enter a date. |
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| D. DATASET CREATION PLAN |
| 1. Access to Existing DataDoes this request include the use of OCS data from a previous data request for a new research purpose? Yes [ ]  [ ]  No [ ] If yes, please complete the table below. |
| OCS Research Request # | **Principal Investigator Name** | **Study Title** | **Current Data Custodian**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. Data Required*List all requested datasets and data elements in the table below.*  *Please note: The OCS does not collect demographic information about our customers and does not release personal information for the purposes of research requests.*  |
| Dataset | **Variable(s)****List all required variables in a single cell** | **Year(s)** | **Rationale**  |
| Click here to enter text.  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3. Other ConsiderationsIf there are other important considerations or requests for additional data that need to be captured or excluded, indicate them here.Click here to enter text.Please note: The OCS will suppress data in cases of less than five cells to preserve the confidentiality of our business partners. |
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| E. DATA LINKAGES, DATA FLOW AND FUTURE DATA REQUESTS |
| 1. Data Linkages*Complete the table below if the research plan involves linking OCS data to other datasets following disclosure. Add rows to the table as required.*  |
| Planned data linkages *(list the databases that will be linked to OCS data)* | **What variables will be used for the linkage?** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| If OCS data is to be linked to other data, explain why the linkage is necessary: Click here to enter text.  |
| 2. Data FlowPlease describe:* The secure location for transfer of the data;
* How and where the data will be securely stored and accessed; and
* How and when the data will be destroyed.

Click here to enter text. |
| 3. Future Data RequestsAre there plans to obtain additional OCS data for the purposes of this study in the future?Yes [ ]  [ ]  No [ ]  [ ] If yes, please include any relevant information about future data requests in the table below (e.g., include what data elements will be requested, the data sources, years and request timelines). With this information, the OCS *may* be able to expedite the review and approval process. |
| Dataset | **Variable(s)** | **Year(s)** | **Expected Future Request Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| F. TIMELINE FOR DATA RETENTION AND DESTRUCTION  |
| Date when access to data provided by the OCS will no longer be required (i.e., when data destruction is planned for identifiable OCS data). Please note that the OCS has data retention policies in place with which you must comply.Click here to enter a date.Data disclosed by the OCS for research purposes must not be retained for a period longer than set out in the approved research plan. Researchers must destroy all data provided by the OCS within 60 days of the date listed above.Assertions of the destruction of data will require that researchers supply the OCS with a Certificate of Destruction, setting out the date, time and location of the secure destruction and the method of secure destruction employed, as well as details of the items destroyed. The Certificate of Destruction will bear the signature of the persons who securely destroyed the information.  |

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| G. ADDITIONAL RESEARCH TEAM MEMBERS(CO-INVESTIGATORS AND PERSONS WHO MAY HAVE ACCESS TO REQUESTED DATA), if applicable |
| List all co-investigators and other persons who may have access to the OCS data.  |
| Name | Click here to enter text. |
| Role/Title | Click here to enter text. |
| Name of Organization  | Click here to enter text. |
| Email | Click here to enter text. |
| Why Is Access Required for This Person? | **If access to OCS data is not required, enter N/A**Click here to enter text. |
|  |
| Name | Click here to enter text. |
| Role/Title | Click here to enter text.[ ]  |
| Name of Organization  | Click here to enter text. |
| Email | Click here to enter text. |
| Why Is Access Required for This Person? | **If access to OCS data is not required, enter N/A**Click here to enter text. |

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| **H. ACKNOWLEDGMENT BY PRINCIPAL INVESTIGATOR** |
| The Principal Investigator certifies that the information reported in this form and the appended Research Plan and any other relevant supporting documents is accurate and agrees to comply with the terms and conditions contained in this form. |
| **Name of Principal Investigator** | Click here to enter text. |
| **Title** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter a date. |

**Application Form Checklist**

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| **At a minimum, please append the following documents and submit this form to begin the application process:** |
| [ ]  Research Plan (see Section B.3) |
| [ ]  Components of the dataset creation plan (if applicable; See Section D) |