

**Application for Release of Information for Research Purposes**

Personal information on this form is collected under the *Pharmaceutical Information Act* and Regulations. This information is required in order to process your application for release of information for research purposes.

**Principal investigators:**

Name	Position	Department	Institution

**Mailing address of principal applicant:**

Province                      Postal code

**Tel:**

**Fax:**

**Email:**

**Title of project:**

Start date for project:

Completion date for project:

**Summary of project:**

proposal attached (max. 10 pages)

**Research Ethics Board (REB)**      REB name (see Schedule B):

Submission date:

Status of review:     pending       approved       denied

Date

Signature

**Application for Release of Information for Research Purposes**

**Specific data required:** (include data fields and date ranges)

**Measures to protect confidentiality of data:** (include who will have access, where stored)

Will PhIP data be linked or used in conjunction with data from other sources?

no     yes, source:

- I understand the data can only be released in aggregate, non-identifiable format, with all data cells containing a minimum of 20 individuals.
- I understand the data can only be used for the project described above. Any additional use will require a new application.
- I agree at all times, to treat as confidential the PhIP information received.
- I ensure that by the project's completion date all non-aggregated PhIP information will be destroyed, including shredding paper records, and deleting electronic files and backups.
- I will provide PhIP with a copy of the study results by the project completion date.

Date

Signature

**Please send completed form to:**  
Pharmaceutical Information Program  
PO Box 2000, Charlottetown, PE  
C1A 7N8