



# Perinatal Services BC

An agency of the Provincial Health Services Authority

## AMENDMENT TO APPLICATION FOR ACCESS TO HEALTH DATA FOR RESEARCH PURPOSES

This form is to be completed and submitted for amendments to previously approved research applications (Application for Access to Health Data for Research). Amendments should NOT be operationalized until approval has been received.

Please clearly indicate which of the following type(s) of amendment request(s) you are making:

- A. Amendment to data extract – additional external data files for linkage, additional PSBC data fields required, and/or additional years of data.
- B. Changes to the cohort definition – please describe in detail the changes requested to the cohort(s) definition(s). A detailed rationale for the request is also required.
- C. Amendment to extend the data retention date.
- D. Additions or deletions of team members and staff accessing the data.
- E. Any other changes to the original data access request (i.e. change in data storage location, funding, etc.).\*\*

\*\*Amendments must be changes within the scope of the original study. Changes such as adding new research questions that are related to (but not included in) the original application; or modifications to data collection methods or study populations, must be submitted as a new DAR for review and approval.

If your amendment results in significant changes to the data extract previously approved, Perinatal Services BC (PSBC) reserves the right to reassess the cost estimate originally provided to you.

Please also note that current ethics documents approving any changes above are required for PSBC to review this form.

### Please Complete the Following:

#### PROJECT:

Project Title:					
Project Number:	R				
Type(s) of Amendment (i.e., A, B, C, D, E)	A	B	C	D	E



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### APPLICANT:

Last Name		First Name		Title	
Street					
City				Province	
Country				Postal Code	
Phone			Fax		
Email					
Position					

### INSTITUTIONAL ADDRESS (if different from applicant address):

Institution Name					
Street					
City				Province	
Country				Postal Code	
Phone			Fax		
Email					
Position					

**Describe in detail the proposed changes to your application (e.g., addition or removal of data year(s), variables, investigators, individuals with access to data, link to another dataset):**



**Provide justification for requesting these changes:**

**If applying for a modified data retention date, please indicate the new date requested:**

**Provide justification for requesting an extension of the data retention date:**



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**By signing below, you certify that the above information is correct. Please remember to include your updated ethics documents along with this form.**

**SIGNED**

by the Applicant

\_\_\_\_\_

\_\_\_\_\_

(Witness)

Title:

Organization:

**DATE:** \_\_\_\_\_

**SIGNED**

by the Supervisor (student projects only)

\_\_\_\_\_

\_\_\_\_\_

(Witness)

Title:

Organization:

**DATE:** \_\_\_\_\_

Please send completed Amendment Forms to: [psbc@phsa.ca](mailto:psbc@phsa.ca)

For PSBC Use Only	
Amendment received on:	
Amendment reviewed by:	
Amendment:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Signature:	