

## VCHRI RPIF - Data Sharing

This form must be completed when the research team intends to share VCH data with a third party (e.g. *Industry or another academic institution*). It is applicable to VCH data that does not have funding. In cases involving VCH data with funding, the form may also need to include UBC/RPIF information, required for account opening purposes.

Once complete, please submit to:  
Zahra.karim@vch.ca

### **ALL SECTIONS MUST BE COMPLETED**

<b>A. Researcher Info</b>	
Name:	Department / Division:
Email Address:	Academic Rank:
Address:	
<b>B. Primary Contact</b>	
Name:	Tel:
Email Address:	
<b>C. Party/Institution That Will Be Contracting With</b>	
Organization:	
Contact Name:	
Email address:	Tel:
Address:	
<b>D. Project Location</b>	
In addition to VCH collected data, will you be collecting data from any of the additional agencies/ institutions from the list below. <i>Please select all that apply.</i>	
<input type="checkbox"/> BC Cancer Agency	
<input type="checkbox"/> BC Centre for Disease Control	
<input type="checkbox"/> BC Children's Hospital Research Institute	
<input type="checkbox"/> BC Mental Health & Addictions Research Institute	
<input type="checkbox"/> Providence Health Care Research Institute	
<input type="checkbox"/> Women's Health Research Institute	
<input type="checkbox"/> Fraser Health Authority	
<input type="checkbox"/> Island Health Authority	
<input type="checkbox"/> Interior Health Authority	
<input type="checkbox"/> Northern Health Authority	
<input type="checkbox"/> UBC Vancouver Campus	
<input type="checkbox"/> UBC Okanagan Campus	
<input type="checkbox"/> Other:	

## E. Project Info

1. Is there funding involved in this project?

No  Yes

2. Project title:

3. Are students involved in the project?  No  Yes – please indicate  Graduate  Undergraduate

4. Research Account associated with the Project and/or the data, information or materials to be transferred (list all):

5. Compliance requirements (<https://ors.ubc.ca/compliance-reporting/compliance-requirements>):

Human Research Ethics Certificate / Application # (H Number):

Animal Care Certificate / Application # (A Number):

Biosafety Certificate / Application # (B Number):

Radiation Safety Certificate / Application # (R Number):

Environmental Impact Certificate / Application #: Chemical Safety Certificate / Application #:

None

## F. Details of Data, Information or Material

1. Description of the data, information or material to be collected/accessed:

2. For how long will the data, information or material be used (in months):

3. Have any agreements already been signed in connection with the Project, data, information or material (CTA, MTA, Etc)?

No  Yes – please include file number / reference number:

4. Is the data, information or material relevant to any previous or pending invention disclosure to the University-Industry Liaison Office/ VCH?

No  Yes – please list all file numbers that apply:

5. VCH to provide the following data, information or material:

Not applicable

6. Collaborator to provide the following data, information or material:

Contact Name:

Email address:

Tel:

Not applicable

7. For data, information or material to be received, will the data, information or material be used in conjunction with any other data, information or material received from a third party? (e.g. Receiving data from McGill and University of Toronto)

Yes (specify below)  No

## G. Funding

1. Please select where the study account will be held (Select One):

Vancouver Coastal Health (Please proceed to **Section H** – Conflict of Interest)

The University of British Columbia (Please proceed to [UBC Research Project Information Form - RPIF](#))

## H. Conflict of Interest

Are you aware of any conflicts of interest that may have a bearing on this project?

No  Yes – please check all applicable boxes below.

	Principal Investigator	Co-Investigators	Students	Please note that all conflicts of commitment must be disclosed annually and managed as per institutional policy
Seat on Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seat on Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any Role within the Contract Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
License / Option Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Disclosure Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consulting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Conflicts of Interest				

## I. Approval and Signature

**Researcher Signature:** By signing this form, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with all relevant HA / University policies and federal/provincial regulations

Signature:

Or click box to add scanned signature

Name:

Date: