



## Section I: Requestor & Sponsor Information

Affiliation should be for the purpose of the data use. [DATA ACCESS AND USE FOR HEALTH SYSTEM IMPROVEMENT PURPOSES \(SECONDARY USE\) Policy 1178 \(ahsnet.ca\)](#)

Choose an item.

First Name:  Last Name:

Telephone:  Email:

Requestor Affiliation\*:

Choose an item.

Sponsor First Name:  Sponsor Last Name:

Telephone:  Email:

Requestor Affiliation\*:

## Section II: Basic Request Information

Intake Type:	<input type="text"/> <b>Project:</b> Sequential requests for information that lead to a certain outcome. Requests are often dependent on each other. There is a defined start and end date with measurements of success. <b>Request for Laboratory Data:</b> Data requests that support business needs and are usually standalone requests or regular reporting requests.
Project/Request Title:	<input type="text"/>
Previous Request No. (if applicable):	<input type="text"/>
Request Type:	<input type="text"/> <b>APL Business Plan Initiative:</b> Support evaluation of Business Plan <b>Operational:</b> Decision making, investigative, performance, safety or compliance reporting <b>Quality Improvement:</b> Examining existing services and patient outcomes to determining how services can be improved for the future – HIA Guidelines and Practices <b>Research:</b> Academic, applied or scientific research that necessitates the use of individually identifying health information – HIA <b>Other (Please specify if “Other” selected above):</b> <input type="text"/>  <b>Please supply the following information for APL Business Plan Initiative requests:</b> APL Business Plan Initiative Name: <input type="text"/>  APL Business Plan No. (if available): <input type="text"/>



Data Type:	<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> Aggregate Information</p> <p><input type="checkbox"/> Identifiable Information</p> <p><input type="checkbox"/> Non-identifiable information</p> <p><input type="checkbox"/> Other</p> <p><b>Other (Please specify if 'other' selected above):</b> <input type="text" value="Click or tap here to enter text."/></p> <p><b>Aggregate Information:</b> Non-identifiable health information about groups of individuals with common characteristics</p> <p><b>Identifiable Information:</b> Individually identifying when used to describe health information, means that the identity of the individual, who is the subject of the information, can be readily ascertained from the information.</p> <p><b>Non-identifiable Information:</b> Identity of the individual who is the subject of the information cannot be readily ascertained from the information. (Source: HIA Guidelines and Practices)</p>
Required Supporting Documentation:	<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> APL Business Plan</p> <p><input type="checkbox"/> Quality Improvement</p> <p><input type="checkbox"/> Research Request</p> <p><b>APL Business Plan:</b></p> <ul style="list-style-type: none"> <li>• Business Plan Placemat</li> <li>• ARECCI Screening Tool Result is <u>not necessary</u> for Business Plan request</li> </ul> <p><b>Quality Improvement:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">ARECCI Screening Result</a></li> </ul> <p><b>Research Request:</b></p> <ul style="list-style-type: none"> <li>• Protocol</li> <li>• Ethics Approval</li> <li>• Ethics Application</li> </ul> <p><b>Please attach any supporting documentation available at this time upon submission of request form.</b></p>

### Section III: Operations, Research, QI Request Assessment, and Other

\*If Request Type is APL Business Plan Initiative, please skip ahead to Section IV.

Business Justification:	<p><i>Please provide a brief summary as to why it is important for this request to proceed at this time. Please also explain how this request will improve laboratory medicine/patient care in Alberta.</i></p> <p><input type="text" value="Click or tap here to enter text."/></p>
Knowledge Translation Plan:	<p><i>Outline your knowledge translation plan for the findings from your request. (Who will the findings be shared with? Publication and/or Communication Plan? Implementation strategy?)</i></p> <p><input type="text" value="Click or tap here to enter text."/></p>
Funding:	<p><i>How is the project funded? (if applicable)</i></p> <p><input type="text" value="Click or tap here to enter text."/></p>



# Laboratory Information Request Intake Form

Engaged Personnel:	<p><i>Who have you engaged in Alberta Precision Laboratories/Alberta Health Services to ensure relevance and applicability of this work?</i></p> <p>Click or tap here to enter text.</p>
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## Section IV: Request Details

Identifying Information:	<p><b>Please specify any/all <a href="#">personal identifying data and demographic information</a></b></p> <p><input type="checkbox"/> Patient Health Number (PHN)</p> <p><input type="checkbox"/> Medical Record Number (MRN)</p> <p><input type="checkbox"/> Patient Name</p> <p><input type="checkbox"/> Date of Birth</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Postal Code</p> <p><input type="checkbox"/> Physician Name/Number</p> <p><input type="checkbox"/> Accession Number</p> <p><input type="checkbox"/> Other (Please specify): <a href="#">Click or tap here to enter text.</a></p>
Laboratory Data Type:	<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> Testing volumes by performing site</p> <p><input type="checkbox"/> Laboratory collections volumes by collection site</p> <p><input type="checkbox"/> Test Results (Numerical, Normal/Abnormal, Comments etc.)</p> <p><input type="checkbox"/> Quality Control data</p> <p><input type="checkbox"/> Laboratory Workload</p> <p><input type="checkbox"/> Turnaround Times</p> <p><input type="checkbox"/> Other (Please specify): <a href="#">Click or tap here to enter text.</a></p> <p><b>List any and all <a href="#">Tests of Interest</a>:</b></p> <p><a href="#">Click or tap here to enter text.</a></p>
Zone:	<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> North</p> <p><input type="checkbox"/> Edmonton</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> Calgary</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> Provincial</p>
Laboratory Discipline:	<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> Anatomic Pathology</p> <p><input type="checkbox"/> Biochemistry</p> <p><input type="checkbox"/> Genetics, Genomics, Molecular Pathology</p> <p><input type="checkbox"/> Hematology</p> <p><input type="checkbox"/> Histocompatibility</p>



## Laboratory Information Request Intake Form

	<input type="checkbox"/> Microbiology <input type="checkbox"/> Point of Care Testing (POCT) <input type="checkbox"/> Pre-Analytics <input type="checkbox"/> Transfusion Medicine <input type="checkbox"/> Unknown
Data Delivery Format:	Choose an item.
Data Release Frequency:	<b>Please note that requests are only valid for 12 months. Annual requests require new submissions.</b> Choose an item.
Data Delivery Method:	Choose an item.
Data Storage:	<b>Where will the data be stored?</b> Choose an item.  <b>Other (please specify):</b> Click or tap here to enter text.
Data Matching:	<b>Will data be linked, matched or combined with records from other sources?</b>  <b>Data matching</b> is the creation of individually identifying health information by combining individually identifying or non-identifying health information or other information from 2 or more electronic databases, without the consent of the individuals who are the subjects of the information. <b>Data linkage</b> is computerized use of health information and other personal data from a variety of sources, to merge and compare files on identifiable individuals or categories of individuals. This linkage or profiling creates a new body of health information (Source: HIA Guidelines and Practices)  <b>Check if yes:</b> <input type="checkbox"/> <b>If yes, please explain:</b> Click or tap here to enter text.
Time Frame of Interest:	Start of date range: Click or tap to enter a date.  End of date range: Click or tap to enter a date.
Date Required:	<b>Please be aware that the requests are reviewed by the Clinical Informatics Committee on the second and fourth Friday of every month. Expected turnaround time is 1-6 months subject to the volume of requests received. Urgent requests can be escalated to <a href="mailto:DecisionSupport@aplabs.ca">DecisionSupport@aplabs.ca</a></b>  Click or tap to enter a date.

## Section V: Submission Information/ User Agreement

### User Agreement

Alberta Precision Laboratories (APL) has a legal and ethical responsibility to protect, manage and secure information within its custody or under its control to maintain the confidence of patients and stakeholders. The User Agreement describes how you, the user, must manage data.

You have been approved for the release of data outlined as part of your duties and responsibilities. As part of your responsibility, you must know and follow the conditions for use and disclosure of all data you have access to.

It is required that you treat identifiable health and other information as confidential. Identifiable health information is governed by both provincial legislation and APL policies.

You must sign this Agreement before you will be granted access to the data outline in this agreement.

### Appropriate Use and Disclosure of Data

1. I understand and acknowledge that I am accountable to use and disclose data only in accordance with this agreement as well as the policies and legislation that govern this data.
2. I shall only access, use and/or disclose the minimum data necessary with the highest degree of anonymity possible for the purpose of fulfilling my job duties and responsibilities.
3. I shall not access my own information, or the information pertaining to a family member, friend, colleague, or anyone who is not within the scope of my duties and responsibilities.
4. I understand and acknowledge that the access is for authorized secondary uses (e.g. Quality Improvement, research) only and is not intended for direct patient care.
5. I shall not duplicate data without consent of the APL Repository Owner.
6. I understand and acknowledge that the data contains proprietary information and that I shall not redistribute this information.
7. I understand and acknowledge that I may bring other data into my personal or subject schema; however, if I plan to match non-APL data with APL data (and I am not conducting research), I will be required to first complete a Privacy Impact Assessment or a schedule to the existing repository Privacy Impact Assessment, as required under the Health Information Act, section 70.
8. I shall not disclose information to a third party without the expressed written consent of the Repository Owner prior to the disclosure.
9. I shall dispose of any data I access from APL, regardless of form, in a secure manner that renders the information unreadable.
10. I shall use reasonable means to ensure that while I am accessing APL information it will not be viewed or obtained by unauthorized people (e.g. secure my computer, be discreet when viewing data, not share my passwords).
11. I have reviewed, understand, and acknowledge the [APL Data Access and Use for Health System Improvement Purposes \(Secondary Use\) Policy](#).

### Confidentiality Provisions

1. I shall take reasonable actions to keep all information private and confidential, and prevent the unauthorized collection, use and/or disclosure of all information that I come into contact with.
2. I accept that the obligation to keep APL information confidential continues even after I leave my organization or if my current role changes, and either I or my manager will notify [DecisionSupport@aplabs.ca](mailto:DecisionSupport@aplabs.ca) with my end date should either event occur.
3. If I become aware of a violation of any provisions referenced above or a potential or actual breach of confidentiality or privacy, I will notify my Supervisor immediately. I will also notify [DecisionSupport@aplabs.ca](mailto:DecisionSupport@aplabs.ca) as soon as possible.



### Audit and Sanctions

1. I understand and acknowledge that user system performance will be monitored.
2. I understand and acknowledge that regular audits are conducted and reviewed for appropriate access and use.
3. I understand that the Decision Support Team may revoke or restrict access to any Alberta Health Services and/or Alberta Precision Laboratories data without notification.

### Acknowledgement/ Publication

\*Suggested acknowledgement:

Alberta Precision Laboratories Laboratory Information Systems. Decision Support, Alberta Precision Laboratories, [year].

If the data provided are used in publications, presentations, or posters, please inform [DecisionSupport@aplabs.ca](mailto:DecisionSupport@aplabs.ca) as soon as possible.

I acknowledge that I have read the provisions referenced above and understand there may be consequences for a violation of those provisions and/or this Agreement.

I have read and understand the provisions referenced above and **hereby agree to the terms as stated.**

**Please return this form and supporting documents to [DecisionSupport@aplabs.ca](mailto:DecisionSupport@aplabs.ca) upon completion with subject line indicating RFD submission <your name>.**