



**PharmaNet Stewardship Committee  
Application for Release of Information  
Drug Information System**

**Principal Investigators:**

Surname	Given Name	Position	Department	Faculty/ Organization

Institution:

Title of Research:

Indicate if proposal involves Human Experimentation:  Yes  No

Proof of Ethics Committee Approval attached:  Yes  No

Mailing Address of Principal Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 City/Province Postal Code

\_\_\_\_\_  
 Telephone Facsimile

E-mail Address: \_\_\_\_\_

Signatures:

Applicant	President	Head of Department	Dean of Faculty

**PharmaNet Stewardship Committee**

**Request for Information Release  
PharmaNet Drug Information System**

**1. Date of Request:**

**2. Request by:**

**3. Study Duration:**

**4. Objectives of the study:**

**4a. How will the requested data be used to achieve the objectives of the study?**

**5. Specific data required (include fields and date ranges)**

**6. Will PharmaNet Drug Information System Data be linked or used in conjunction with data from other source(s)?**

Yes       No

**If yes, state the source of other data:**

**7. How will confidentiality of the data be protected by the researcher(s) (who will have access to the data, where and how will it be stored)?**

**8. How will the data be destroyed when research is complete?**

**8a. When will the data be destroyed?**

**9. Who will be receiving the study results (include names, titles, organization)?**

10. Will there be any publication of results?

11. Please provide proof of all sources of funding for the project

12. Format of data to be supplied (tape, disk, hard copy)

**Section 16(4) of the *Pharmacy Operations and Drug Scheduling Act* states:**

**A person who receives patient record information under this section must not disclose information to another person, except if it is to be used for the purpose for which it was originally disclosed.**

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Organization