



Pharmaceutical Information Program Application for Release of Information for Purpose of Reports or Planning

Form 6

Pharmaceutical Information Program
PO Box 2000
Charlottetown, PE C1A 7N8

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 disclosure of information. If you have any questions about this collection of personal information, you may contact the Director of the Pharmaceutical Information Program.

Individual(s) preparing report:			
Name	Position	Department	Institution
Mailing address of principal applicant:			Tel:
			Fax:
Province Postal code			Email:
Title of project:			Type of project:
			<input type="checkbox"/> standard report
			<input type="checkbox"/> planning
Start date for project:		Completion date for project:	
Summary of project:			
<input type="checkbox"/> proposal attached (max. 10 pages)			
Frequency of report: _____ reports per _____ (example: week / month / year)			



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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
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For office use only:
 administrative fee received suitable for use of PhIP data