



## Pharmaceutical Information Program Application for Release of Information for Research Purposes

Form 7

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.

<b>Principal investigators:</b>			
Name	Position	Department	Institution
<b>Mailing address of principal applicant:</b>			<b>Tel:</b>
			<b>Fax:</b>
Province                      Postal code			<b>Email:</b>
<b>Title of project:</b>			
Start date for project:		Completion date for project:	
<b>Summary of project:</b>			
<input type="checkbox"/> proposal attached (max. 10 pages)			
<b>Research Ethics Board (REB)</b>		REB name (see Schedule B):	
Submission date:			
Status of review: <input type="checkbox"/> pending <input type="checkbox"/> approved <input type="checkbox"/> denied			
Date		Signature	



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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