

# RESEARCH PARTNERSHIP APPLICATION

The following information is required for BC Emergency and Health Service's participation in operational and medical research projects.

Please note, if this application is approved, separate agreements may apply to both data access and a collaborative working partnership.

CHECKLIST
☐ Original Signature of Principal Investigator.
CV of Principal Investigator.
Completion of each section of the Application Form and attachments as indicated.
Copy of detailed research proposal.
Copies of letter from each organization acknowledging their funding support.
☐ Indicate whether access to BCEHS database(s) will be required and what specific information is being sought.
Original, signed letter from ethics review body or indicate status of application.
Original, signed letter from earlies review body or indicate status or application.
A. Title of Proposed Operational or Medical Research Project (300 character limit).

## B. Name of Principal Investigator(s), Collaborators and Contact Numbers

Include C.V. for Principal Investigators and Co-Principal Investigators (Paper attachments, if any: 10 pages maximum each).

NAME	INSTITUTE/ORGANIZATION	CONTACT NUMBER	CONTACT EMAIL

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C. Conflict of Interest Disclosure* Report all financial/business and/or personal relationships that might reasonably be perceived as contributing to bias.	
*Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial/business or personal relationships that Inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). Source: International Committee of Medical Journal Editors: Uniform Requirements Manuscripts Submitted to Biomedical Journals: Writing and editing for Biomedical Publication. Updated October 2005.	s for
D. Study Proposal Abstract (including research question/hypothesis, study dates, proposed study site(s) and anticipated primary and secondary outcomes). word limit).	(300
Word Countdown	

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E. Detailed Description of Study Including Methodology: (Attach. 10 page maximum)

#### F. Description of Study Impact on BCEHS

This section provides you with the opportunity to provide as much details as possible regarding the role of BCEHS in your proposal.

To adopt a more focused BCEHS perspective in completing this part of the application, the applicant may want to consider the following potential information needs:

- •HUMAN RESOURCES/LICENSING: Identify any paramedic research practices that may be outside their particular qualification level, potential labour relations issues, etc.
- •PRIVACY: Identify any personal patient identifying information that is being requested.
- •INFORMATION MANAGEMENT: Identify any need for access to BCEHS Datamart or other database.
- •TECHNOLOGY: Identify equipment, if any, to be used and whether this results in any modifications to existing equipment, training requirements (as above), scope of practice issues, etc.
- RISK MANAGEMENT: Describe any potential political, litigation risks that can be identified.

<ul> <li>OPERATIONAL: Describe all implications of patient care delivery processes.</li> </ul>
•FINANCIAL: Attach budget as part of detailed description of study.
<b>Role of Paramedic:</b> E.G. Additional skills, equipment, procedures and/or medications that might be, or are to be used or administered by participating EMAs, and the study conditions under which participating EMAs might or will use or administer then
<b>-</b>
<b>Training/Education:</b> E.G. Paramedics will be provided with necessary education regarding the trial protocol by one of the investigators during crew downtime at their station.
Deticutes Number of notice to defining above to sixting access to present information and access the least transfer
Patients: Number of patients, defining characteristics, access to personal information and geographic location, etc.

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#### G. Study Reviewed and Received Approval from the following organizations (attach supporting documents or letters).

Final approval to proceed requires approval of the study by an ethics committee, such as the committee located at the University of British Columbia. The study must be approved by Regulation under the *Health Care Consent and Care Facility Admission Act*.

Organization	Approval Received	Approval Pending	Approval Denied
BCEHS Provincial Medical Leadership Council			
Ethics Committee Name:			
Emergency Medical Licensing Board:			
Other:			

Comments: (Include names of funding agencies)

### H. Support that is being requested of BCEHS (Paper attachments, if any, one (1) page limit).

Establish the specific costs associated with the research, including: what is being requested of BCEHS, other sources of funding, paramedic training time (including time estimates, where it would be held, number and qualification level of paramedics), time for completing study documentation, technical resources, and any travel/meals associated costs. Include "in kind" contributions, direct and indirect costs to BCEHS arising from BCEHS' participation in the study. These may include equipment, additional staff time, i.e. number and qualification level of staff involved for training/study orientation.

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I. Definable benefits to BCEHS (Paper attachments, if any, one		this study. These may be operational, financial, or clinical.	
K. Additional Comments			
omissions in the performance of damages, expenses and attorne that a party shall not be respons	f their duties hereunder, and shale by fees resulting from, or attributa sible to the extent of the others' n	ator(s) agree to each be solely responsible for their respective acts ill be financially and legally responsible for all liabilities, costs, able to, any of their respective acts or omissions; provided, howeve egligence or willful misconduct. Each party represents and warranteed to the contract of the	er, ts
its Nurses maintain current men		or that its Investigator maintains current membership in the CMPA, perform its responsibilities hereunder and that such coverage shall I 0,000.00 annual aggregate.	
Name of Principal Investigator		Date	
Phone Number	Phone Number 2	Email Address	

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