

## Data Custodian Variable List for Record-Level Information Request



**TITLE OF PROJECT:**  
**NAME OF PRINCIPAL INVESTIGATOR (PI):**  
**ORGANIZATION OF PI:**  
**ROLE:**  
**EMAIL ADDRESS OF PI:**  
**TELEPHONE NUMBER OF PI:**  
**NAME AND EMAIL ADDRESS OF KEY CONTACT (IF DIFFERENT FROM THE PI):**

### Data Custodian

- Newfoundland and Labrador Centre for Health Information
- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health
- Other \_\_\_\_\_

### Reason for Data Collection

- Secondary Use/Chart Review
- General Research
- Genetic/Genomic Research
- Clinical Trial
- Program Evaluation
- Other \_\_\_\_\_

**Provide a complete and accurate list of all data elements/fields that you require along with rationale that explains why you require each requested element/field. When specifying the data elements/fields, please indicate which date/year ranges are required. If you have any questions while completing this form please contact [DataAccess@nlchi.nl.ca](mailto:DataAccess@nlchi.nl.ca). Note this Variable List must be submitted with the HREB application.**

Data Custodian	Name of Requested Database	Variable(s) Requested	Rationale	Date/Year Range of Data Requested

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Data Custodian	Name of Requested Database	Variable(s) Requested	Rationale	Date/Year Range of Data Requested

(ADD EXTRA ROWS AS NEEDED)

**As per the Personal Health Information Act [Section 49(1)], the disclosure of personal health information by a custodian shall be limited to the minimum amount of information necessary to accomplish the purpose for which it is used.**

**I confirm that the data requested in the table above is the minimum amount of data required to meet the objectives of the current project.**

Signature of Principal Investigator:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Data Custodian Variable List for Record-Level Information Request

**To be completed by the data custodian/representative prior to HREB submission**

Notes about the data requested:

Custodian Acknowledgment(s):

**By signing this variable list, I attest that the organization/individual listed is a custodian of the data being requested and that I have the authority to sign this document as a data custodian/representative of a data custodian.**

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Please note that this letter of acknowledgement does not represent permission to access the above data, it is only a confirmation that the above organization(s) is a/are custodian(s) of this data.**