

**Appendix 1: Ontario Health Study – Preliminary Access Application Form**

<b>DATE:</b>	
<b>PROPOSAL TITLE:</b>	

**1. Please provide the following information:**

<b>Principal Applicant's Name</b>	
<b>Principal Applicant's Educational Qualifications (PhD, MD, etc.)</b>	
<b>Principal Applicant's Position(s) (Rank, Faculty, Department, Institution)</b>	
<b>Institutional Mailing Address</b>	
<b>Telephone Number</b>	
<b>Institutional Email address</b>	
<b>Principal Contact (name, email and phone number)</b>	

## 2. Project Information

Scientific abstract (maximum of 300 words)	
Project duration	Proposed start date:  Proposed end date:
Anticipated outcome of project (e.g., manuscript, generation of pilot data in support of larger project)	
Intended Granting Agency, if funding being sought	
Grant submission date, if applicable	

## 3. Holdings Requested

Holding Type:	Requested (Yes/No)
Data – individual level	
Data – Aggregate	
Biosamples	
Data linkage	

#### 4. Study Design

Number of participants requested	
Participant age range	
Participant sex	
Other inclusion/exclusion criteria (e.g., ethnicity, prescription medication, geographic location, prior disease)	
Additional parameters required	

#### 5. Biosamples

No biosamples required

Biosample Type	Units	# of PTs	# of Tests	# of Bio-markers	Total Required Assay Volume or Amount	Total Required Dead Volume or Amount	Total Volume or Amount Requested
SST: serum	µL						
EDTA: plasma	µL						
EDTA: red blood cells	µL						
Urine	µL						
ACD: whole blood in DMSO	µL						
DNA*	µg						

(\*DNA may be extracted from blood or saliva)

Biosample pre-analytical restriction(s) required

Describe and justify the need for biosample pre-analytical restrictions:

**Where will the biosamples be analyzed?**

Applicant(s) laboratory

Provide evidence of the laboratory's analysis record, preliminary data and/or publications:

Commercial or Service Provider Laboratory

Analysis #1:

Laboratory Name:

Laboratory's website address:

Unavailable

Is the laboratory accredited?

# of years proposed analysis has been performed at the lab:

Analysis #2:

Laboratory Name:

Laboratory's website address:

unavailable

Is the laboratory accredited?

# of years proposed analysis has been performed at the lab:

**6. Other sources of data and/or biosamples**

Have you applied for data and/or biosamples for this research project from another source?

Yes

No

If yes: Where?

What is the status of the request?

Approved

Pending

Declined

**7. Signature of Principal Investigator**

I acknowledge that the details in this Preliminary Access Application are correct:

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Principal Investigator

Date