





SAPCReN Project Request Form

Primary Investigator Name:	
Email:	
Institution/Organization:	
Name of Co-Investigators Please indicate primary care providers with an as	sterisk (*):
Project Title:	
Location(s) where the research will be conducted:	
Has this project been funded already? If yes, funding agency:	Yes No
If no, what are the potential funding sources:	
Is there industrial funding and/or any commercial involvement? If yes, describe:	Yes 🗆 No 🗆
Has this project undergone scientific peer-review? If yes, describe:	Yes □ No □
Has this study received REB approval? If yes, provide REB approval number:	Yes □ No □
Research question(s) and rationale for doing the study; how is this primary care?	s relevant/important to

Design and Methods (describe study sample, procedures, sources of data, and analysis		
plan):		
What is being asked of SAPCReN and/or participants:		
Outcome(s) to be measured 2 other variables of interest.		
Outcome(s) to be measured & other variables of interest:		
Anticipated impact for practices/primary care		
Personnel working with data (please list all individuals who will be working with the data)		
Name, Role, Site:		
Project Start and End Dates: Start date: End date:		
Project Timeline:		
i roject i inientie.		

Budget and justification:		
SAPCReN involvement in the project (if support is requested):		
How many practices/offices to recruit:		
How many patients to be recruited (if applicable):		
Over what time period:		
Overall request for facilitator hours, data analyst time, and/or any other support:		
Signature of investigator attesting that:		
I have read the SACPReN Study Guidelines.		
2. All data provided by SAPCReN-CPCSSN will be held in the highest confidentiality and will not be used or disclosed for any purpose other than the above-listed project; and		
 Administrative, physical, and technical safeguards will be in place to prevent use or disclosure of SAPCReN-CPCSSN data other than agreed to for the above-mentioned project. 		
Signature of Primary Investigator: Date:		
Signature of SAPCReN Director: Date:		

Please email completed form to info@sapcren.ca