



**FIGHTING  
BLINDNESS  
CANADA**

**VAINCRE  
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CANADA**

## Fighting Blindness Canada Inherited Retinal Disease (IRD) Patient Registry

### Data Access Request Form

Project Title	
Requested start date:	Requested end date:

### Principal Investigator

Surname		Given Names	
Institution			
Faculty		Department	
Telephone	Fax		E-mail



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Alternative Contact:		

**Co-Investigators/ Collaborators on this Research Project**

Name	Institution/Company

**Research Synopsis** (pages may be added if necessary)



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Objectives and Significant of the Project:

Brief Description of Methods:

Brief Description of Analysis Plan:

Lay Summary of the Overall Study Goal (This may be published by the FFB)



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**Has the proposed research:**

Undergone scientific review                      Yes                      No

Received REB approval review                      Yes                      No

Indicate REB Approval # \_\_\_\_\_

(Please attach supporting documentation)

Received funding support                      Yes                      No

Funding Source		Grant # (if applicable)
Funding start date:	Funding end date:	

Applications will be adjudicated based on:

- Scientific merit, including clinical/scientific relevance
- Experience and competency of the requesting investigators
- Compatibility with ongoing Registry studies

Successful applicants will be required to:

- Complete a Progress Report(s) on the research associated with Registry use annually or (for projects less than a year's duration) at the end of the project
- Acknowledge the support of Fighting Blindness Canada and the Fighting Blindness IRD Patient Registry in any published work resulting from Registry use
- Give credit to the Registry principal investigator(s) or designated clinicians as scientifically appropriate, based on any direct contribution they may make to the work



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I certify that all the information provided in this submission, together with any other information that I may provide, is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date