

Research Intake Form

Post-COVID-19 Interdisciplinary Clinical Care Network

Please complete this form and send to post-COVID-research@phsa.ca. Once the form has been received, the scientific committee will review the proposed project and may arrange a consultation.

Definitions

- **PC-ICCN:** Post-COVID-19 Interdisciplinary Clinical Care Network
- **PROMIS:** Patient-Reported Outcomes Measurement Information System
- **BCCBN:** BC COVID-19 Biobank Network; a biospecimen collection agency
- **REB:** Research Ethics Board

Policies

1. **REB approval policy.** The REB approval for the research must be submitted to the PC-ICCN before final approval can be provided. Applicants who have already obtained REB approval may attach it to this application.
2. **Peer review policy.** It is expected that all proposals have undergone and been approved by an external peer review. Applicants without peer review support for their study will be asked for evidence of this before requested materials are released and/or access to patients is granted.
3. **Open science policy.** PC-ICCN has an open science policy, and it is therefore expected that researchers using PC-ICCN and health authorities' resources will contribute data, likely to be of interest to other researchers and to the collective research dataset. Applicants proposing studies that do not include data-sharing opportunities must demonstrate why data-sharing is not reasonable and how this limitation is outweighed by the potential benefits of the work.
4. **Data and biospecimen direct-sharing policy.** PC-ICCN's data and biospecimens cannot be directly shared with researchers whose work is not described in your approved REB application. All secondary and subsequent uses of PC-ICCN/PCRC data and biospecimens by your team or others must be first approved by relevant REBs and by the PC-ICCN's scientific committee.
5. **Publication policy.** It is expected that all contributions made by PC-ICCN, its biobank and associated data registry, as well as its principal investigators, will be acknowledged as appropriate in publications, posters, and presentations resulting from the work described herein. Authorship will be determined according to standard International Committee of Medical Journal Editors (ICMJE) criteria.
6. **Biospecimen availability.** Applicants should note that biospecimens cannot be held for applicants and will be distributed chronologically, with chronological order based on the date that the application is approved, having met all policy and other requirements.
7. **Access to data.** In signing this form, the applicant(s) acknowledge(s) that further applications may be required for data access, as necessitated by adherence to privacy and ethical compliance requirements.
8. **Cost recovery policy.** Sustainability of the PC-ICCN/PCRC research activities relies, in part, on recovering costs associated with research support activities. A budget will be provided to the contact PI based on the requirements of the work proposed. This budget will be agreed upon by both parties (i.e., the applicant and a designated representative of PC-ICCN) prior to data-sharing, releasing biospecimens, and/or providing services supporting access to PCRC patients.



POST-COVID-19
Interdisciplinary Clinical Care Network
Provincial Health Services Authority

Project Title	
Principal Investigator (PI)	
PI Contact Information	
Co-investigator/s (if applicable)	
Research Ethics Board	<p>What is the status of REB approval?</p> <input type="checkbox"/> Pending submission <input type="checkbox"/> Submitted <input type="checkbox"/> Approved (<i>please attach approval letter to this form</i>)
Data Request	<p>Are you requesting data?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<p><i>If YES, do you require analytics support?</i></p> <input type="checkbox"/> YES <input type="checkbox"/> NO
Funding Details	<p>Funding available?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<p>If YES, please indicate funding source:</p>
	<p>Are you applying for a PC-ICCN research grant?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<p><i>If YES, please include the PC-ICCN grant application when submitting this form.</i></p>

What is the proposed research question?

Population	
Intervention	
Comparator	
Outcome	



Overview of Proposed Research

Summary of Research (<300 words)

Objectives: Questions & Hypotheses

Population Addressed: Inclusion/Exclusion Criteria

Research Ethics Board

If your study has been approved by the REB, please attach the approval letter when submitting this form.

REB ID: _____ **REB Institute:** _____

Peer Review

Has the proposed research undergone peer review? YES NO

If YES, please include a list of documents demonstrating peer support for the proposed work. If NO, please describe your plan for having the study peer reviewed, as per Policy #2 (above). Note that a representative of PC-ICCN may request a copy of one or more of these documents during the review process.

Requested Data/Materials

Data management is shared by both PC-ICCN and PCRC. Patient contact information is stored in the Patient-Reported Outcomes Measurement Information System (PROMIS) database under PC-ICCN at PHSA.

Are you requesting data for your proposed project? YES NO

If NO, please skip this section.

Data elements

Data	Description (complete as needed)

Data Analysis Plan: Provide a summary of the data analysis plan for the study. (<300 words)

Power/Sample of Justification: Provide a summary of your calculations supporting the requested data/samples as both reasonable and necessary to address your research question.

Justification/Rationale for Proposed Research: How does this project meet an urgent public health need?

How will the proposed research impact clinical care of long COVID patients?

Access to Patients

Are you requesting access to contact/recruit patients for your proposed project? YES NO
If NO, please skip this section.

Please describe what is being requested and justification for this request. Please include information such as the location of visit, frequency and duration of a full appointment, and what will be asked of the patient.

Please provide your plan to minimize the burden placed on patients as a result of your research activities.

Participant Recruitment

Patients at the PC-ICCN at PHSA have been referred by a primary care provider and continue to receive health services at the Post COVID Recovery Clinic (PCRC) at Providence Health Care (PHC). PCRC patient information is stored in the PROMIS database. As it is not logistically possible to obtain explicit consent for research contact for all individuals in the long COVID cohort, and we want individuals to have the opportunity to participate in research, our initiative was to support individuals' rights to participate.

Under this initiative, all patient groups at PHSA regardless of their race or ethnic background, their disease type/condition, geographic location, sexual orientation, age, sex, have the right to benefit from scientific advancements according to Article 27 of the Universal Declaration of Human Rights (as well as Article 15 of the International Covenant on Economic, Social and Cultural Rights). Patients cannot benefit from scientific research unless they also have the opportunity to participate in it.

The BC Freedom of Information and Protection of Privacy Act permits a public body to use or disclose personal information (including contact information) by/to limited persons for planning, quality improvement or evaluation purposes (FIPPA S. 32, 33 h, j). We therefore created a process for patients registered in PROMIS to be notified about opportunities to participate in REB-approved research studies by PHSA affiliated researchers.

A PC-ICCN team member will contact patients on behalf of the study team until the project meets its recruitment target through the following pathways:

- Distribute email invitations to patients in PROMIS database
- PC-ICCN Newsletter
- [PHSA PC-ICCN Research Page](#)

Please ensure that recruitment strategies through the PC-ICCN is REB-approved, along with all corresponding documents and materials. You can contact post-COVID-research@phsa.ca for recruitment document criteria.

Important note: PC-ICCN requests research partners to provide enrolment reports identifying enrolled and discharged PC-ICCN patients on a regular basis. These metrics are reportable to assess research engagement within the clinic. Reports can be used to identify and address gaps in patient population representation to ensure equitable access to research opportunities for the long COVID population.



Financial Support

If you are applying for a PC-ICCN Grant, please attach the PC-ICCN grant application when submitting this form.

Please list any current financial support for the proposed work:

Name of Reward	Granting Agency	Award ID	Date funding begins (YYYY/MM)

Publication Plan

List any publication you expect to result from the proposed body of work on this application. Denote as To Be Decided (TBD) as needed. We ask that you provide updates on publications on this project. A PC-ICCN representative may contact you periodically for the purpose of updating this list.

Publication Type ¹	Interim Title	Public Forum ²	Target Date (YYYY/MM)

¹Including (but not limited to) papers, book chapters, posters, and presentations

²Such as name of journal or conference

Signatures

Please complete this section for each of the PIs that are a part of this application. By signing this form, the applicants agree to the policy statements described in this document.

Name	Signature	Date (DD/MM/YYYY)
Contact PI		
Additional PIs (if applicable)		

Please submit this form to post-COVID-research@phsa.ca

