**DATA REQUEST FORM *BIOBANQUE QUEBECOISE DE LA COVID-19***

The mission of The *Biobanque Québécoise de la COVID-19* (BQC19) is to ensure that the scientific community has access to the biological material and data necessary for their research efforts on COVID-19 and its associated diseases. The scientific community can, therefore, effectively respond to public health challenges represented by the pandemic, in a context of solid scientific bases within an appropriate ethical and legal framework. The notion of sharing research results is also at the heart of the BQC19’s mission.

The Québec COVID - Pandemic Network (QCPN) is the body identified to guarantee equality and impartiality throughout the access process. The QCPN will ensure that its chair, the members of the access committee, as well as the access process are free of any conflict of interest.

**Eligibility criteria for requesting access:**

The requesting party must be one of the following:

* Canadian academic researchers
* International academic researchers
* Researchers from a private entity

**Evaluation criteria:**

* Scientific contribution of the research project on COVID-19 and its associated diseases in accordance with the mission of the BQC19.
* Scientific validity of the research project.
* The requesting party must have practices in place ensuring:
* Accurate data protection: all data must be kept confidential and secure with minimal risk of re-identification.
* The respect of the terms of the consents given by the Study Subjects (available on BQC19 website): access must respect the rights, interests and expectations of participants of the BQC19.
* Proper training of investigators and personnel, that would be required under the rules and policies regarding the research use of human biological data. Particular attention will be paid to the expertise of the teams in handling data, without risk of re-identification, particularly in the context of artificial intelligence approach projects.

It is important that you provide sufficient detail to ensure a proper evaluation of your study.

Once the request is approved, you will be asked to sign a Data Transfer Agreement with the BQC19.

If you have any questions, please email our Access Officer at [access@rqcp.ca](mailto:access@rqcp.ca)

*All sections must be filled out.*

Date:

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| **SECTION 1** | **APPLICANTS’ INFORMATION** | |
| Principal investigator (PI)  \*\*Please provide your **CV** in the format of a **NIH biographical sketch**. | Name |  |
|  | Institution |  |
|  | Address |  |
|  | Email |  |
|  | Phone |  |
| Co-investigator | Name |  |
|  | Institution |  |
|  | Address |  |
|  | Email |  |
|  | Phone |  |
| Co-investigator | Name |  |
|  | Institution |  |
|  | Address |  |
|  | Email |  |
|  | Phone |  |
| Co-investigator | Name |  |
|  | Institution |  |
|  | Address |  |
|  | Email |  |
|  | Phone |  |
| Co-investigator | Name |  |
|  | Institution |  |
|  | Address |  |
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| **SECTION 2** | **RESEARCH PROJECT DESCRIPTION** |
| Title |  |
| Lay Title *(for our website)* |  |
| Lay summary (100 words)  *(for our website)* |  |
| Scientific summary (250 words) |  |
| **Summary of your proposal** (limited to One page, Arial font 10, single spacing).  References can be added using additional pages. | |
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| **SECTION 3** | **CONFIDENTIALITY AND SECURITY** |
| Specify what safeguards will be put in place to ensure clinical data safety and that a participant will not be re-identified using the data. (ex: Are computers protected by passwords? Who has access? Are they under a deontology code or did they sign a confidentiality agreement?) (1/2 page) | |
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| **SECTION 4** | **SCIENTIFIC REVIEW** |
| This project is approved by a peer reviewed committee – Please provide the confirmation letter | |
| Organization: |  |
| Number of the grant: |  |
| Funding period: |  |
| This project is funded by a non-peer reviewed source - Please provide the confirmation letter | |
| Organization/Company: |  |
| Funding period: |  |

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| **SECTION 5** | **COHORT\*** | | | | | | | | | | |
| COVID status | COVID (+) n= | | | | | | COVID (-) n= | | | | |
| Age range | Unspecified | <18 (n=     ) | | | | >18 (n=     ) | | | | Specify:       (n=     ) | |
| Sex at birth | Male n= | | | | | | Female n= | | | | |
| Pregnant | Yes (n=     ) | | | | | | No (n=     ) | | | | |
| Hospitalization (±2 Days) | D0 | | D2 | | D7 | | | D14 | | | D30 |
| Specify any other clinical parameter that you would like to base your studied population on (*i.e: diabetes, coronary artery disease…*)\*\*  Specify the *n* required for each population. |  | | | | | | | | | | |
| Follow-up post discharge | 30D | | | 90D | | | | | 130D | | |
| Follow-up post diagnostic | 30D | | | 90D | | | | | 130D | | |

\*We currently have data on 750 participants; *n* represents the minimum number of participants required for your study; *D* = days

\*\*Please refer to the list of parameters available [here](https://www.bqc19.ca/en/study-design)

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| **SECTION 6** | **DATA REQUESTED** | |
| **CLINICAL DATA‡** | | |
| 1. **General participant information** | Participant |  |
| Demographic data |  |
| Pediatric Participant |  |
| Obstetrics (if applicable) |  |
| Type of participant |  |
| 1. **COVID diagnosis and pathogen tests** | COVID diagnosis |  |
| Other pathogen tests |  |
| 1. **Clinical parameters** | Smoking and drug use |  |
| Vital signs and daily assessment form (within the previous 24 hours) | Temperature  Respiratory rate  Heart rate  O2 saturation at room air  Oxygen administered  O2 saturation with oxygen therapy  FiO2  Systolic / Diastolic blood pressure  AVPU scale  Glasgow score (GCS/15)  Urine output over 24h |
| Documented symptoms |  |
| Medical history |  |
| Home medication |  |
| 1. **Laboratory analyses** | Laboratory analyses | White blood cells count  Neutrophils count  Lymphocytes count  Monocytes count  Eosinophils count  Basophils count  Platelet count  Hemoglobin measurement  Urea  Creatinine  NT-proBNP  BNP  Sodium Na+  Potassium K+  C-reactive protein (CRP)  Lactate dehydrogenase (LDH or LD)  Creatine Phosphokinase (CPK)  Albumin  AST  ALT  Procalcitonine (PCT)  Troponine T hs (high sensitivity)  Troponine I hs (high sensitivity)  Troponine T  Troponine I  APTT  International Normalized Ratio (INR)  Triglycerides  Total Bilirubin  Direct bilirubin (conjugated)  Glucose  Venous lactate  D-Dimer  Fibrinogen  Ferritin  IL-6  CD4  CD8 |
| 1. **Hospitalization** | Ventilatory support (and its parameters) |  |
| Adjuvant therapy |  |
| Frailty |  |
| Hospitalization summary | Date and time of arrival at this hospital  Emergency visit only  Is it a transfer from another establishment?  Facility name  If transferred from other facility, date of initial admission  Date of ICU admission (if applicable)  Date of ICU discharge (if applicable)  Date of hospital discharge  Disposition  Discharge status  If COVID positive, what is the most severe degree of severity reached? (according to the WHO)  Ability to self-care at discharge vs pre-COVID  Level of care (last status) |
| Complications at any time during hospitalization |  |
| Other tests performed during hospital stay | No results are listed for these tests. Only the tests performed are listed. You will however have the possibility to ask for specific test results if your request is approved. |
| Medication (at any time during hospitalization) |  |
| 1. **Follow up** | Follow up data and symptoms |  |
| Functional status |  |
| **ANALYTICAL DATA** | | |
| Genome-Wide Association Study (GWAS) | | |
| Additional analytical data¥ | | |

**‡** We currently have data on 750 participants. Please refer to the complete list of parameters available [here](https://www.bqc19.ca/en/study-design)

¥ The available data will be updated on the BQC19 website. If your request is approved, you will have to specify what variables you need. If you have checked the “additional data” options, your email address will be added to the BQC19 respective alerts for data release.

If this request is approved, the Data will be provided on the following **terms and conditions**:

1. The Data are provided to the investigators requesting the Data, hereinafter referred to as "the Receiving Party". The Receiving Party will ensure that the Data will only come into the possession and control of those who are engaged in the above-mentioned Research under the supervision of the Receiving Party and who have accepted the same obligations and restrictions in respect of the Data. The Data shall not be transferred, sold, or otherwise used or made available to any person, and the Receiving Party must not offer to do so.
2. The Data are provided to the Receiving Party exclusively and solely for use in the Research described in section 2 above ("the Purpose of Use"). The Receiving Party shall not use, and shall require any person having access to the Data not to use, the Data for any purpose other than the Purpose of Use. In case the Receiving Party would like to use the Data for other research purposes, a new Data Request Form should be submitted to the QCPN.
3. All publications shall acknowledge the use of data from the *Biobanque Québécoise de la COVID-19*, as well as the support of *the Fonds de Recherche du Québec* (FRQ), the *Fonds de Recherche du Québec - Santé* (FRQ-S), *Génome Québec* and Public health Canada. No authorship is required.
4. On completion of the Research, and at the time of submitting the results obtained through the use of the Data for peer-review, the Receiving Party shall report the derived data to the BQC19 for broad sharing.
5. The receiving party shall not in any case attempt to re-identify individuals in the data set.
6. The Receiving Party will treat the Data as strictly confidential and will ensure that the Data will be retained using the adequate safeguards.
7. Access to the data will be subject to an access fee of $ 1500 for academic researchers and $ 10 000 for researchers from a private entity.
8. The initial acceptance of the present request will be conditional. Final approval will be given upon receipt of approval of the project by a recognized research ethics board.

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| **ATTESTATION BY THE APPLICANT (PI)** |
| I confirm that all the information provided in this request, as well as any other information that I may subsequently provide, is true to the best of my knowledge. |
| I am committed to acknowledging the *Biobanque Québécoise de la COVID-19*, as well as the support of *the Fonds de Recherche du Québec* (FRQ), the *Fonds de Recherche du Québec - Santé* (FRQ-S), *Génome Québec* and Public health Canada. |
| I agree to pay the access fee to the BQC19 once the request is approved |
| I acknowledge that I have read and understood this document in its entirety and will abide by the terms and conditions. |
| I agree to sign the Material and Data transfer agreements once the request is approved. |

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| Name: | Date: |

Signature:

**CHECKLIST:**

The current form duly completed and signed

CV of the Principal Investigator (NIH biographical sketch) in PDF format

Proof of funding (confirmation letter)

References for the summary of proposal, if applicable.

Please combine all your documents in a single **PDF file** titled as followed: “**Last name\_First name of PI”**; and

submit it via the [BQC19 web portal](https://www.bqc19.ca/en/access-data-samples).