



Project Information	
Atlantic PATH study #	
Project Title	

Principal Investigator			
Name			
Title			
Organization			
Mailing Address			
City		State/Province	
Post code		Country	
Email Address			
Phone number		Fax number	

Research Coordinator			
Name			
Title			
Organization			
Mailing Address			
City		State/Province	
Post code		Country	
Email Address			
Phone number		Fax number	

Project Status	
Tick as appropriate	<input type="checkbox"/> Planning phase <input type="checkbox"/> Operations phase <input type="checkbox"/> Data analysis phase
Is this in line with the planned timeline of project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain (maximum 0.5 pages)	
Time period required for access to data to complete project	
Is there an extension in funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Changes to team or project	
Please report all personnel changes:	
Please report changes to protocol:  Please describe any reports to institutional REB of deviations to protocols, adverse events etc...	

Security	
Please describe the following:	
Security measures taken to protect Atlantic PATH data and samples from identification and misuse	

Access Renewal Form and/or Unanticipated Event/Significant Change Report form

Reports of any incidents pertaining to data security	
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I have been provided with, read and agree to comply with the Atlantic PATH Data Access Policy.

Signature of Applicant \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_  
(if applicable)

Date \_\_\_\_\_

Date \_\_\_\_\_