**CASE REPORT AND CASE STUDY FORM**

Date Form completed:

1. **CASE REPORT INFORMATION**
2. **Project Title:**
3. **Case Report Lead Information:**

| First Name:       | Last Name:       |
| --- | --- |
| THP Position/Title:       |  |
| Street Address:       | City:       |
| Province:       | Postal Code:       |
| Phone Number:       | Email:       |
| Description of role in the project:       |  |

1. Number of records (e.g. scans) to be examined (If more than three records, this project will constitute as research and will require REB review and approval. Please contact the THPREB for next steps):
2. Is this case report/study part of a larger study?
3. List all personnel that may be involved in obtaining data for, writing, or presenting the case report or case study:
4. Please provide a brief summary of the project suitable for a lay audience or submit existing documentation:
5. Indicate what data (i.e. personal information and/or personal health information) will be accessed, used and/or disclosed for this project (e.g. name, diagnosis, treatment, date of birth, outcomes, etc.):
6. Is it possible that someone with knowledge of the unique circumstances surrounding the patient’s situation could identify them from the information and images included in the case study? [ ]  Yes (consent is required) [ ]  No
7. Has consent been obtained by the patient(s)?

[ ]  Yes, please provide a copy of the consent form for this case report or case study. [ ]  Attached

[ ]  No, please describe the intended process and timing for obtaining consent from the patient(s) (or substitute decision maker(s)):

[ ]  Requesting a waiver of consent

1. If requesting a waiver of consent, please explain why and detail the security measures in place to ensure the patient’s PHI is protected:
2. Complete Appendix E: Waiver of Consent Considerations (justification to each of the enclosed criteria required) and submit with your application form [ ]  Attached
3. **PROJECT LEAD ATTESTATION**

I certify that:

The PI/PHI that is accessed/used for this study will not be re-used or re-disclosed to any other person or entity, except as required by law. Direct identifying information must not be retained following publication and/or presentation of the case. No potentially identifying information, other than the disease or course of treatment itself, will be included in any publication or presentation.

I hereby certify that the information on this Application Form is accurate to the best of my knowledge. I attest that, as the Project Lead, I have read the Investigator Attestation and understand that I am responsible for the conduct of this project.

|       |  |  |  |       |
| --- | --- | --- | --- | --- |
| Name of Project Lead |  | Signature |  | Date |