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# Application for Operational Approval for Research

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Research at Northern Health requires two approvals to proceed:

1. Research Ethics Approval
2. Northern Health Operational Approval

This form is for Operational Approval. Submit the completed form to [ResearchCommittee@northernhealth.ca](mailto:ResearchCommittee@northernhealth.ca).

Signature pages can also be faxed to 250 565-2640 Attn: Research Review Committee.

Refer to the *Northern Health Operational Approval for Research Projects Information Sheet* for information on who can grant operational approval and the roles and responsibilities of the Researcher and the Northern Health Approval Manager.

## Title of Project

## Purpose of Research (*Provide a brief description*)

## Principal Investigator Name & Signature

Name:	Email:
Program/Department/School:	
Institution:	
Signature: _____	

## Supervisor Name & Signature (if Researcher is a Student or Resident)

Name:	Email:
Program/Department/School:	
Institution:	
Signature: _____	

## Co-Investigator(s) (or Local PI/Site Investigator(s))

Name:	Email:
Program/Department/School:	
Institution:	

Name:	Email:
Program/Department/School:	
Institution:	

**Primary Contact (if different from Principal Investigator)**

Name:
Email:
Phone:

**Research Ethics Approval**

Identify the Research Ethics Board of Record for this study and the Study ID/file number:
What is the current status of research ethics approval for this study? <input type="checkbox"/> Approved <input type="checkbox"/> Submitted and pending review/approval
Once research ethics approval has been granted, submit a copy of the certificate of approval to <a href="mailto:researchcommittee@northernhealth.ca">researchcommittee@northernhealth.ca</a>
Please confirm that you are aware that research ethics approval of this study must be granted by Northern Health Research Review Committee <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please contact <a href="mailto:researchcommittee@northernhealth.ca">researchcommittee@northernhealth.ca</a> for information

**Northern Health – Organizational Impact Analysis**

Where will the research be carried out (i.e., specific sites, facilities, communities)?
Please select the Northern Health services or support required to conduct this research (choose all that apply and provide a description): <input type="checkbox"/> Only requesting approval to post an advertisement/recruitment material <input type="checkbox"/> Northern Health staff will be invited to participate in the study <input type="checkbox"/> Northern Health staff will be required to assist in the conduct of the study <input type="checkbox"/> Space in Northern Health sites is required for this study <input type="checkbox"/> Information owned or maintained by Northern Health is required for this study

- Equipment owned or maintained by Northern Health is required for this study
- Other direct involvement or requirement of support or service from Northern Health department(s) or staff

Are participating staff members being compensated for their involvement in the project?

- Yes
- No
- N/A

If yes, please indicate the type of compensation to be received, how much and for what activity.

**Please identify the specific NH department(s) and community site(s) that will be impacted or participating in this study (e.g. that are being asked to provide research-related services/resources).**

An email from the Northern Health manager can be submitted to [researchcommittee@northernhealth.ca](mailto:researchcommittee@northernhealth.ca) in lieu of a signature on this form. Cite the study title and file number (if available) in the email. Please indicate on the "signature and date" line below if approval will be provided via email.

If the project requires **secondary data from Health Information Services (Health Records)**, contact: [Dee-Ann.Stickel@northernhealth.ca](mailto:Dee-Ann.Stickel@northernhealth.ca) (Regional/multi-site), or [Health-Information-Services@northernhealth.ca](mailto:Health-Information-Services@northernhealth.ca) (single site only)

Please refer to the [NH Operational Approval Information Sheet](#) for guidance on operational approval for research projects.

As the person responsible for Department Authorization, my signature confirms that:

- I am the appropriate person to provide operational approval on behalf of Northern Health for this research.
- Resources (e.g. human or financial resources, space) required to conduct the research can be provided and the activities can be executed while service delivery is maintained. Cost recovery agreements have been negotiated with the researcher if required.
- I will communicate to the appropriate people in the organization that the research is happening and is supported by Northern Health, and how the organization is supporting this research
- I will support knowledge translation<sup>[1]</sup> (i.e., bringing the research to practice and decision-making)

**1. Department/Site:**

Detail the services required from this department/site

Person Responsible for Department Authorization

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<sup>[1]</sup> Knowledge translation is about turning knowledge into action – it enables evidence-informed decision-making and practice. The most frequently cited definition of knowledge translation comes from the Canadian Institutes for Health Research: "knowledge translation is the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system (Knowledge Translation Strategy 2004-2009: Innovation in action. Retrieved July 28, 2008 from: <http://www.cihr-irsc.gc.ca/e/26574.html> )

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Email address

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Signature & Date

**2. Department/Site:**

Detail the services required from this department/site

Person Responsible for Department Authorization

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Email address

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Signature & Date

**3. Department/Site:**

Detail the services required from this department/site

Person Responsible for Department Authorization

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Email address

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Signature & Date

*(Attach additional sheets if necessary)*

Please check the following boxes to acknowledge:

Northern Health requests a copy of the final study for our files and/or placement at the Northern Health Library and sponsoring facility use.  
At project completion, I will provide a copy of the final report to Northern Health.

Northern Health maintains a database of research undertaken in the health authority. I understand that upon approval of my research application by the Northern Health Research Review Committee, the following information will be posted on the Northern Health website and Research Annual Report: project title, names and institutions of Investigators, location of research (sites), name and title of Northern Health operational approval manager(s), and project start and completion dates.

Studies are categorized on the Northern Health website and annual reporting. Please select up to 3 categories that best describe your study. (Refer to Application Guidelines for category descriptions).

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|---|---|--|
| <input type="checkbox"/> Acute care                 | <input type="checkbox"/> Health human resources     | <input type="checkbox"/> <a href="#">Patient-oriented</a> research |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Home care                  | <input type="checkbox"/> Perinatal                                 |
| <input type="checkbox"/> Child & youth              | <input type="checkbox"/> Indigenous health          | <input type="checkbox"/> Pharmacy                                  |
| <input type="checkbox"/> Chronic disease            | <input type="checkbox"/> Information Technology     | <input type="checkbox"/> Primary health care                       |
| <input type="checkbox"/> Critical care (ED, trauma) | <input type="checkbox"/> Medication management      | <input type="checkbox"/> Public & population health                |
| <input type="checkbox"/> Diagnostics                | <input type="checkbox"/> Mental health & addictions | <input type="checkbox"/> Rehabilitation                            |
| <input type="checkbox"/> Dietetics                  | <input type="checkbox"/> Nursing                    | <input type="checkbox"/> Surgical services                         |
| <input type="checkbox"/> Elder care                 | <input type="checkbox"/> Palliative care            |  |

Other:

Please select the most appropriate health research category. The [Canadian Institute for Health Research Themes](#) provides definitions of each category.

- |  |   |
|--|---|
| <input type="checkbox"/> Biomedical      | <input type="checkbox"/> Clinical   |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Social, Cultural, Environmental, and Population Health |

**Additional information or comments**

*Once the conditions for operational approval and research ethics approval have been met, a letter from the Research Review Committee will be emailed to the Principal Investigator and the Northern Health manager(s) who provided operational approval for the research.*