

## Consent Form Attestation

These requirements must be met by Data Access Requests (DAR) requesting **linkages between data from consented participants and Ministry of Health administrative data**. All items must directly relate to this purpose. Compliance with the relevant privacy legislation and data steward requirements outlined below is the responsibility of the project Principal Investigator (PI).

<b>Ministry of Health and Data Stewardship Committee Requirements: General</b>	<b>DAR page number</b>
Administrative databases requested are clearly listed and associated with the correct agencies and data stewards	<input type="checkbox"/>
Field(s) intended for linkage are included	<input type="checkbox"/>
Date ranges for each database requested are provided	<input type="checkbox"/>
Reasons each database is requested are included	<input type="checkbox"/>
Description of the study data or other data that would be linked with the administrative data (including genetic and biosample data) is included	<input type="checkbox"/>
Identities of parties conducting the linkage with administrative data are provided	<input type="checkbox"/>
How administrative data and data linked with administrative data would be moved during and after linkage is described	<input type="checkbox"/>
All locations where administrative data and data linked with administrative data would be stored are listed	<input type="checkbox"/>
Security features of locations where administrative data and data linked with administrative data would be stored are listed	<input type="checkbox"/>
Confirmation that administrative data and data linked with administrative data will not be moved or shared outside of the MOH-approved analytical environment is included	<input type="checkbox"/>
Confirmation that administrative data and data linked with administrative data will not be shared with for-profit entities is clearly stated	<input type="checkbox"/>
Data destruction dates for administrative data and data linked with administrative data must be provided	<input type="checkbox"/>

**Ministry of Health and Data Stewardship Committee  
Requirements: Consent Form**

**Consent  
form  
page  
number**

Notice is provided that all data collection, use, and disclosure, and the legal rights of participants are subject to applicable laws of the relevant jurisdiction(s)	<input type="checkbox"/>	
Notice is provided that participants may request their personal information held by the researcher be corrected if they believe an error or omission exists	<input type="checkbox"/>	
The impact of a participant withdrawing from the study, including what would happen to their data linked with administrative data, is provided	<input type="checkbox"/>	
An explicit consent mechanism for opting-in to linkage of a participant's administrative data with other data sources is included	<input type="checkbox"/>	
An explicit statement as to whether or not individuals opting out of linkage can still participate in the study is included	<input type="checkbox"/>	

**I attest that all of the above requirements are contained in the attached Consent Form DAR Package.**

Name of PI:

\_\_\_\_\_ (Signature) (Date)