**The research department will contact you to inform you of what supporting documentation is needed to obtain access to Lakeridge Health (LH) for the study mentioned above. Please list only members of the research team who require access to the LH site and/or LH data, ensuring that all fields are completed for each member. Listing additional team members who do not need access is not required.**

1. If you are a LH staff member, please use your LH email.
2. If *adding or removing* *team members* during the course of the study, resubmission of this form with a new revised date with an *Amendment Form* is required. Lakeridge Health will remove access to external team members not listed.

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| **REB No.:** | **Contact Person:** | **Submission Date:** *(dd-mmm-yyyy)* |
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| **Full Study Title:** | | |
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| **Name:** |  | | **Email:** |  |
| **Role:** | PI  Sub-I  Nurse/CRC  LH Student/Volunteer  External Student  Other: | | | |
| **LH Site Access?**  Yes  No | | **LH Data Access?**  Yes  No If yes,  Epic  Base Hospital  Other: | | |

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**Team members are to wear a photo ID badge issued by their institution during the course of the research study at Lakeridge Health**. Affiliation Agreements between Lakeridge Health and the applicable academic institution must be in place as per the *Student Practicum Program* and/or *Medical Trainee Program* process prior to student’s involvement in the research study.