

## Request for ARECCI Second Opinion Review

<b>Date of Submission</b> (dd/mm/yyyy)	
<b>Project Sponsor</b> (Organization, Name)	
<b>Project Lead/Manager</b> (Name)	
<b>Position</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Project Title</b>	
<b>Purpose of Project (Brief Description - Non-confidential)</b> <ul style="list-style-type: none"> <li>- Aim statement</li> <li>- Rationale for project</li> <li>- Describe current thinking about activities of project</li> <li>- What are you trying to accomplish?</li> <li>- Anticipated Outcomes</li> </ul>	
<b>Type of Project</b>	<input type="checkbox"/> Needs Assessment <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Other (Please specify):
<b>Project Site</b>	
<b>Estimate Timeline</b> (dd/mm/yyyy)	Target Start Date: _____ Target Completion Date: _____
<b>ARECCI Screening Score</b>	
<b>Areas of Ethical Concern in the Project:</b> <ul style="list-style-type: none"> <li>- Please explain the elevated ARECCI Score (Describe Project specific details)</li> </ul>	

<b>Attachments (checklist)</b>	Completed ARECCI Ethics Screening Tool Completed ARECCI Ethics Guidelines Tool Data Collection Tool(s) (if applicable) Project Charter or Proposal (if applicable) Additional Material to support the review
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Alberta Innovates is collecting your personal information under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (“FOIP”). If you have questions about the collection, use, or disclosure of your personal information please contact [ARECCI@albertainnovates.ca](mailto:ARECCI@albertainnovates.ca).

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The Applicant represents and warrants that it has obtained all necessary legal permissions and informed consents to collect, access, disclose, and use, any and all information (collectively, the ‘Information’) submitted through this platform.

The Applicant also represents and warrants that its use of such Information complies with all applicable data protection and privacy laws and regulations, including but not limited to FOIP, the Alberta Personal Information Protection Act (‘PIPA’), and Canada’s Personal Information Protection and Electronic Documents Act (‘PIPEDA’). Further, the Applicant acknowledges and agrees that because only non-identifying health Information will be uploaded into the EDGE system, this de-identified Information may be accessed and used by third-party users, such as users from Alberta Health Services, Covenant Health, and Alberta Innovates as required for administrative purposes.

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I Agree

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