**Request for Use of Third-Party Technologies at TOH or UOHI**

If you plan to use third-party technologies at TOH or UOHI complete and submit this form to:

* For TOH: Mike Hendley (mhendley@ohri.ca) and Anne Lavigne (anlavigne@toh.ca)
* For UOHI: Pierre Lefebvre (plefebvre@ottawaheart.ca) and Jennifer Lajeunesse (jlajeunesse@ottawaheart.ca)

Examples of third-party technologies include but are not limited to:

* Apps (downloaded or installed onto a smartphone or other device)
* Web-based (online) portals
* Cloud servers (e.g.: Drop box)
* Commercial service providers (e.g.: Amazon Suite, Microsoft Azure)
* Wearable Devices (e.g.: Fit Bit, smart watch)
* Other devices (e.g.: cell phone, iPad, etc.)

A copy of this form, signed by the institution’s IT and Privacy Office, will need to be uploaded into the Notifications tab of the Clinical Research Registration Form.

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| **Section 1: Study Information**  |

* 1. Date: Click or tap here to enter text.
	2. CRRF ID/OHSN-REB Protocol Number: Click here to enter text.
	3. OHSN-REB Post Form ID (if applicable): Click here to enter text.
	4. Protocol Title: Click here to enter text.
	5. Local Principal Investigator: Click here to enter text.
	6. Name of Requestor: Click here to enter text.
	7. Email Address of Requestor: Click here to enter text.
	8. Specify study conduct:

[ ]  Industry Initiated and sponsored (conducted) Protocol

[ ]  Investigator-Initiated, non-regulated study where TOH/OHRI or UOHI/OHIRC Investigator
 coordinates the study

[ ]  Investigator-Initiated, non-regulated, but another academic centre/ co-operative research
 group coordinates the study

[ ]  Investigator-Initiated, regulated study where OHRI or OHIRC is the sponsor under GCP and
 Health Canada

[ ]  Investigator-Initiated, regulated, but another academic centre/ co-operative research
 group performs the role of sponsor under GCP and Health Canada

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| **Section 2: Use of Third-Party Technology** |

* 1. Specify and describe third-party technology:
	Click or tap here to enter text.
	2. Provide a summary for the use of the technology in the research study (e.g.: Sponsor is providing an iPad with pre-installed App to patients/participants for the purposes of daily eDiary completion and video calls with site study team).
	Click or tap here to enter text.
	3. Specify the information (provide a full list) that will be entered into and/or collected by the technology, including any identifying information that needs to be entered for the purposes of registering or operating the technology. Note, strong justification must be provided for any identifiable information that would be entered.
	Click or tap here to enter text.
	4. Specify who the information will be entered by (study team or participant). If participants, specify if participants are patients or staff. In cases where more than one group uses the technology, all roles should be listed along with a description of the access level for each.
	Click or tap here to enter text.
	5. Describe any controls in place to prevent read and write access to data elements not included in the required subset. For example, how study team members or participants will be prevented from entering unrequired personal information or personal health information.
	Click or tap here to enter text.
	6. Specify for what purpose the information will be entered into and/or collected by the technology:
	Click or tap here to enter text.

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| **Section 3: Privacy and Security of Third-Party Technology** |

* 1. Will GPS data be collected? Can users turn GPS off?
	Click or tap here to enter text.
	2. Is communication one-way or two-way?
	Click or tap here to enter text.
	3. Is the information/data encrypted in transit and at rest?
	Click or tap here to enter text.
	4. Where will the information/data be housed/stored (i.e.: local; external; TOH managed cloud; vendor managed cloud)? Where applicable, list all redundant hosting sites and/or backup storage locations.

Click or tap here to enter text.

* 1. Will the information/data be transferred outside of Canada? If yes, confirm the consent form
	 informs the participant of this.
	Click or tap here to enter text.
	2. Who owns the information/data/server?
	Click or tap here to enter text.
	3. Are there third-party data sharing agreements between the service provider and other entries not directly bound by the service contract with OHRI/ OHIRC?
	Click or tap here to enter text.
	4. What happens to the information/data after the study is complete? What is the data retention period? How will the information/data be destroyed after the retention period?

Click or tap here to enter text.

* 1. Who will have access to the information/data (e.g.: study team, third parties, App developers,
	 etc.), for what purpose, and how will they access it (i.e. login/password required; 2-factor
	 authentication)? Note, two-factor authentication should be on by default. If two-factor
	 authentication is not available, confirm access will be restricted by whitelisting (pre-approving)
	 specific IP addresses and blocking all other traffic.
	 Click or tap here to enter text.
	2. How is account access controlled? Describe the controls in place to remove account access if it
	 is deemed no longer appropriate (e.g.: when a study team member leaves OHRI or OHIRC).
	 Click or tap here to enter text.
	3. Will participants be required to sign a consent form outlining the disclosure of the
	 information/data to the third parties who have access?  If yes, enclose a copy of the consent
	 form.
	 Click or tap here to enter text.
	4. Will the information/data be shared with any other vendors/third parties?
	 Click or tap here to enter text.
	5. Is access to and use of the data governed by any policies or procedures (i.e.: privacy policy; user
	 terms of reference, etc.)?If yes, enclose the policy/procedure.Note, if there will be access by a
	 third-party, policies/procedures to govern access and use of the data are mandatory.
	 Click or tap here to enter text.
	6. Has the third-party technology been deemed compliant with the Ontario privacy legislation
	 according to a privacy impact assessment or similar? If yes, enclose the report. If no, provide
	 justification.
	 Click or tap here to enter text.
	7. Did the vendor conduct a Threat Risk Assessment (TRA)/Threat Vulnerability Assessment (TVA),
	 Privacy Impact Assessment (PIA) or similar? If yes, enclose the report and all remediation
	 efforts. If no, provide justification.
	 Click or tap here to enter text.
	8. Can the data to be corrected or removed?
	 Click or tap here to enter text.
	9. For cloud provided 3rd party services, provide a statement regarding the inherent delays associated with data correction or removal. E.g.: How many days will be required to completely purge deleted data from the 3rd party service?
	Click or tap here to enter text.
	10. Can all actions performed on the data be audited/monitored? If yes, please provide specific details, including who has access to the audit information.
	 Click or tap here to enter text.
	11. Will the data be backed-up? If yes, who has access to the back-ups, what is the retention time for the backups and if applicable, on contract termination, what is the expected retention time of the backup date? If no, provide justification.

 Click or tap here to enter text.

* 1. What is their action plan around a data leak or hack and is this addressed in the agreement with
	 the host/provider of the technology?
	 Click or tap here to enter text.
	2. Is there an agreement in place (or will there be) with the host/provider of the technology which
	 documents their responsibilities vis-à-vis privacy?

 Click or tap here to enter text.

* 1. Does the TOH/UOHI Principal Investigator (or research team members) have a personal or
	 financial interest in the technology?

 Click or tap here to enter text.

* 1. If applicable, enclose a copy of all participant facing materials (account creation, e-diary, survey,
	 questionnaire, etc.) that will be present in the technology for participants to complete.
	 [ ]  Enclosed
	 [ ]  Not Applicable

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| ***For use by TOH or UOHI Privacy Office ONLY:*** | ***For use by TOH/OHRI or UOHI/OHIRC IT ONLY:*** |
| *Date of Approval: Click here to enter text.**Name of Approver: Click here to enter text.**Signature of Approver:**Notes (if applicable): Click here to enter text.* | *Date of Approval: Click here to enter text.**Name of Approver: Click here to enter text.**Signature of Approver:**Notes (if applicable): Click here to enter text.* |