**Funding Opportunity:** OICR Health Services Research

**Registration deadline:** August 17, 2018, 5:00 p.m. EDT

**Instructions:** All sections are mandatory and must be completed using 11-point Arial font and single spacing. Margins cannot be modified. Submit as one PDF to scientificsecretariat@oicr.on.ca. File must be labelled as follows:

PI Last Name HSR Registration.pdf

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| **Applicant information**  |
| **Principal Investigator(s)** |
| **Name** | **Institution** | **Email** |
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| **Co-Investigator(s)** (if applicable) |
| **Name** | **Institution** | **Email** |
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| **Project information** |
| **Project title**:       |
| **Key words**:       |

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| **Priority area** (select one or more priority area(s) below) |
| [ ]  Data infrastructure, integration and mobilization studies (e.g., data linkage, quality, access, governance, and policy, including privacy and ethics considerations)[ ]  Use of Real-World Evidence to advance innovations in health care and health technology assessments [ ]  Research addressing health care system adoption of accepted best practices related to precision medicine[ ]  Use of artificial intelligence and digital health tools by health care systems and their impact on access to care, models of care, quality and cost of care, and patient outcomes[ ]  Knowledge translation and dissemination projects[ ]  Population health studies (e.g., prevention and screening) |

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| **Brief project summary (max. 200 words)** |
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| **External Reviewers**Provide information for independent scientists who could act as an external reviewer of your application. These scientists must not be a member of your academic department or research institution, have had a research collaboration or co-authorship within the past five years, or proposed in the immediate future, or have had a professional association as a student, postdoctoral fellow or supervisor in the past five years. |
| **Reviewer 1** |
| **Name:**       | **Institution:**       |
| **Email:**       | **Website link to biography:**       |
| **Area(s) of expertise:**       |
| **Reviewer 2** |
| **Name:**       | **Institution:**       |
| **Email:**       | **Website link to biography:**       |
| **Area(s) of expertise:**       |
| **Reviewer 3** |
| **Name:**       | **Institution:**       |
| **Email:**       | **Website link to biography:**       |
| **Area(s) of expertise:**       |