



Change and/or Challenge Request Form

(Version 1. March 11th, 2005)

Today's Date (dd/mm/yy): _____ Date of Hospital Visit _____

Name of Research Subject/Partner: _____

Contact Information _____

Personal Health Number (optional): _____

Please check the appropriate boxes below and include details of your request as required. You can expect to hear from the iCAPTURE Privacy Officer or other staff member regarding your request, within one week.

- I request to view my data, as below:
- I request to change my personal information, as below:
- I would like to revoke my consent for use of my information, tissue or blood for research purposes.
- I wish to challenge the iCAPTURE Centre's compliance with Privacy laws, as stated below: (a challenge may be lodged anonymously by not including your name above)

Return completed form to:
The Privacy Facilitator
The James Hogg iCAPTURE Centre for
Cardiovascular and Pulmonary Research,
Rm 166, 1081 Burrard St., Vancouver, BC V6Z 1Y6.
Telephone: 604-806-8346.

For Office Use Only

Change/Challenge Number _____

Date Processed _____

Privacy Facilitator (or iCAPTURE Centre Representative):

Name (please print): _____

Signature: _____