

Knowledge User AHRQ Request Form

Please complete this form and submit to a research institution to initiate the AHRQ process. A list of contact information and area of expertise for ministry-funded research institutions is appended to the 2013/14 AHRQ guidelines.

*Please note that research under AHRQ is intended to support policy development and planning to improve the Ontario health system. Requests to support specific advocacy positions are neither in scope, nor appropriate for the AHRQ process.

The information supplied in this request form is not confidential and may be shared at the discretion of the ministry.

Knowledge User Organization	
Primary Contact Name	
Title and Department	
Address	
Phone	
Email	
Date research is needed	

The ARHQ is submitted to:

Research Provider Organization:

Date:

1. What type of research evidence response are you seeking?
 - Rapid response
 - Research report or technical brief
 - Research project
2. Please indicate the primary focus of the proposed AHRQ.
 - Community-based Care
 - Health System Performance and Sustainability
 - Healthy Living, with a focus on tobacco control
 - Innovation with a focus on drugs
 - Mental Health and Addictions
 - Nursing Research
 - Primary Care Reform
 - Problem Gambling

- Quality Improvement and Safety
- Seniors' Care
- Vulnerable and Special Health Needs Populations
- Women's Health

3. Provide a brief summary of the background and the purpose of the actual question being proposed. Why is this AHRQ being proposed? (e.g., development of guidelines on improving prevention and care delivery of a specific chronic disease.)

4. What is the current status of knowledge by the Knowledge User group? (e.g., there is some anecdotal evidence that the existing delivery of services do not adequately capture high-risk groups.)

5. How will the eventual research evidence be used and what purpose will the proposed research serve? (e.g., the research evidence will be reviewed by senior management and service delivery partners and considered in the development of a defined preferred model of care and best practice relating to a health care issue.)

****Please note that any research evidence provided will be required to follow institutional reporting policies. This includes providing the MOHLTC with 30-day advance notice of any research evidence that is reported or shared publically****

6. Please name at least two other organizations or program areas that can benefit from this research.

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7. Please have a senior decision maker (e.g., Assistant Deputy Minister, Executive Director) from your organization sign below to confirm that they approve this research question.

Senior Decision Maker Name	Signature	Date

8. To be completed by Research Provider:

This request is: Accepted

Declined

Reason:

Referred to another organization:

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