

## Applied Health Research Question (AHRQ) Knowledge User Request Form

### Instructions:

1. Complete this form and submit to a research institution to initiate the AHRQ process.
2. Before filling out the AHRQ Request Form, Knowledge Users should ensure that they do not have the internal capacity, knowledge and/or resources to carry out the research themselves.
3. Please visit the Research and the Ministry of Health's webpage for an up to date list of Research Providers participating in the AHRW program: [Research at the Ministry of Health - Health Care Professionals - MOH \(gov.on.ca\)](http://www.health.gov.on.ca)

**Please Note:** Research under the AHRQ program 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.

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

<b>Research Provider Organization</b>	
Primary Contact Name	
Title of the AHRQ	
Request Date	

**1. What type of research evidence response are you seeking?**

- Rapid response
- Research report or technical brief
- Research project

2. Provide a brief summary of the background and the purpose of the 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.)

3. 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 does not adequately capture high-risk groups.)

4. 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.)

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

6. Please have a senior decision maker (e.g., Executive Director) from your organization sign below to confirm that they approve this research question.  
**Assistant Deputy Minister signature is required on all ministry requests.**

Senior Decision Maker Name	Signature	Date

7. To be completed by Research Provider:

This request is:

- Accepted
- Declined – Please explain why:
- Referred to another organization: