



Research Team Memorandum of Understanding

## Concept Sheet

Version date: 20 March 2018

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These Memorandum of Understanding documents are intended to guide the work of the Trans Youth CAN! Study. While each team member agrees in principle with the Memorandum of Understanding, it is considered a set of 'living documents', which may be revisited and revised throughout the life of our project.

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### **Instructions:**

Please complete an electronic copy this form and submit to the Trans Youth CAN! Project Coordinator. They will inform you if the form is complete, and upon acceptance will circulate it to the Steering Committee for review. Once forwarded to the Steering Committee you will receive a response (either approval, request modifications, or denial) within 10 business days.

Your submission should not exceed 5 pages (excluding the appendix), and a list of the variables being requested should be attached as an appendix.

**Please ensure you review the Data Sharing and Data Security Policy and the Authorship and Acknowledgement Policy before completing this form.**

Date of request:

Name:

Contact phone:

E-mail address:

Is this student-related work?  Yes  No

If yes, please explain if this is for a thesis, coursework, practicum, or another type of student project:

Were you, a family member, or a close friend a participant in this study?  Yes  No

If yes, please explain (this does not preclude you from doing this research, but all potential ethical dilemmas need to be considered):

Will any other data sets (qualitative or quantitative) be used in this analysis?  Yes  No

If yes, please explain:

### **1: Provisional Authorship Team**

Identify all those who will be on the authorship team for the research, including full name and affiliation. If this is student-related work, please also identify the student(s) and supervisor(s) in the authorship team. The Steering Committee may suggest others on the team who have specific knowledge in the relevant area of research.

Lead(s):

Other(s):

### **2: Research Questions/Objectives**

Please outline your research question(s) or objective(s) of the proposed research.

### **3: Rationale**

What is the rationale of the proposed research?

### **4: Proposed Methodology**

Describe the proposed methodology for this research, including the analyses that will be done.

### **5: Potential Impacts of the Research**

Describe the potential impacts of the proposed research on trans youth, their families or communities, and other stakeholders.

### **6: Integrated Knowledge Translation and Exchange Strategy**

Please describe the knowledge translation and exchange strategy, including stakeholder involvements, and the type(s) of research products to be produced (e.g., journal manuscripts, infographics, conference presentations, and any other KTE products).

### **7: Researchers' Backgrounds and Capacities**

Please describe how the researchers' backgrounds and capacities will enable them to complete the project as planned.

### **8: Variables of Interest**

Please include a complete list of the variables that will be needed to complete the analysis. Attach this list as an appendix. Identify the variable names and the data sets needed. Please refer to the Trans Youth CAN! codebooks for appropriate variables names and data sets.

### **9: Access to Raw Data**

Which team members will have access to the raw data set? Include any explanation as necessary to confirm that clinicians who are involved in the research would not be able to identify participants from the data.

### **10: REB Approvals and/or Data Transfer Agreements**

Is REB approval and/or a Data Transfer Agreement required? If yes, please describe. If no, please provide a justification for why this is not required for this research. Note that individual data sets produced for temporary use must be returned to the team and external copies digitally shredded when analysis is complete. You will retain your code and the team will retain the data set in secure storage in case any reanalysis is required at a future time point.

Example of list of requested variables:

<b>Variable Name</b>	<b>Variable Description</b>	<b>Data Source</b>	<b>Time Point</b>
C00_DOB	Date of birth	Case Report Form	Baseline
Y00_A4	Gender Identity	Youth Survey	Baseline
Y12_A4	Gender Identity	Youth Survey	12 month
Y24_A4	Gender Identity	Youth Survey	24 month
<i>etc</i>			

*For internal use only*

## Steering Committee Decision

\*Email approval okay in lieu of signatures

**Decision:**

- Approved
- Approved with modifications
- Not approved

**Comments:**

**Signatures of Steering Committee:**

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Date Dr. xxxxx xxxxx

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Date Dr. xxxxx xxxxx

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Date Dr. xxxxx xxxxx

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Date Dr. xxxxx xxxxx

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Date Dr. xxxxx xxxxx