

GEMINI Pre-Publication Requirements Form

INSTRUCTIONS:

- Please complete the following form **prior to dissemination of Study Results in any public forum (e.g., manuscripts, presentations, posters, reports, etc.)** and submit it to GEMINI.Research@unityhealth.to.
- Please **ensure to review the form in its entirety (including specific checklists at the bottom) prior to finalizing any publications** to ensure that all pre-publication requirements are met.
- This form must be completed each time Study Results are shared publicly. For example:
 - If there are multiple manuscripts with different results that fall under one GEMINI Project Proposal, then one form should be submitted for each manuscript.
 - If results are published in a manuscript and then later shared in a conference presentation, one form should be submitted for each (one for the manuscript and one for the presentation).
- If unsure whether a form should be submitted, please reach out to GEMINI.Research@unityhealth.to.

PART A – PROJECT/PUBLICATION INFORMATION:

GEMINI Project ID:	
Principal Investigator	
GEMINI Investigator:	
Title of Publication:	
Type of Publication: <i>If other was selected:</i>	
Date of Publication:	

PART B – RISK OF RE-IDENTIFICATION RUBRIC:

CRITERIA	YES/NO?
All information that directly identifies an individual or could foreseeably be used (either alone or with other information) to re-identify an individual, is removed.	Choose an item.
All categories/subsets that include fewer than 6 individuals (i.e., data cells with values less than 6) are appropriately suppressed and cannot be back-calculated using row totals, column totals, or any other data in the publication.	Choose an item.
All patient and/or individual practitioner (e.g., physician, nurse, pharmacist, etc.) names and IDs are removed.	Choose an item.
Hospital names, which are only to be included in the methods/appendix sections, cannot be linked to any results.	Choose an item.
<i>For projects using GEMINI-ICES Data (select N/A if not):</i> All ICES policies/procedures regarding publication, de-identification, aggregate data, and the risk of re-identification have been followed (please complete Part C).	Choose an item.
<i>For projects using GEMINI-Paediatrics Data (select N/A if not):</i> All procedures regarding publication and communication have been followed (please complete Part D).	Choose an item.

PART C – ICES PUBLICATION CHECKLIST:

**Only complete this section if you are disseminating results for a project using GEMINI-ICES Data.*

Please confirm that the following are complete:

- ☐ The Full Status ICES Scientist/Responsible ICES Scientist has reviewed Study Results and completed the ICES Re-Identification Risk Assessment prior to any release outside of the project team.
- ☐ All required acknowledgements and pre-submission notifications for ICES data holdings used in your project have been included/completed (see [Data Holdings Obligations](#) tab of the ICES Data Dictionary).
- ☐ The Ministry of Health has been notified **at least 30 days** prior to publication, via email submission to ministrysubmissions@ices.on.ca per the guidelines available on the ICES intranet.
 - Please copy GEMINI.Research@unityhealth.to and include the full citation for the publication.

PART D – GEMINI-PAEDATRICS PUBLICATION CHECKLIST:

**Only complete this section if you are disseminating results for a project using GEMINI-Paeds Data.*

Please confirm that the following are complete:

- ☐ Notify the Ministry of Health of publication **at least 30 days** before material is published by emailing ResearchUnit@ontario.ca.
 - Please copy GEMINI.Research@unityhealth.to and include the full citation for the publication.
- ☐ Acknowledge support of the Province (Ministry of Health) in publication.
- ☐ Indicate that the views expressed in the publication are the views of the researcher and do not necessarily reflect those of the Province.

This applies to all GEMINI Paediatric Research Platform publications, whether written, oral, or visual.

PART E – PRE-SUBMISSION CHECKLIST:

Prior to submission of this form, please confirm that the following are complete:

- ☐ The GEMINI Investigator has reviewed the Study Results and been notified of this submission.
- ☐ All required GEMINI Statements/Acknowledgements (found [here](#)) are included in the publication.
- ☐ The required GEMINI manuscripts (listed [here](#)) have been referenced appropriately.