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APPENDIX 3 – HD CAPACITY ONLINE SURVEY QUESTIONS

HD Centre (30 min)

Thank you again for your participation in this assessment on the impact of the first Disease Modifying Treatment (DMT) for Huntington's disease (HD). The primary objective of this study is to assess and model the current and potential future health care capacity for the management of Huntington’s patients across Canada.

The outputs generated could be used to influence policy, interagency collaboration, or research and development priorities at a local/provincial level potentially bettering the clinical care for HD patients.

For HD centres, there are two parts of the study: an online survey and phone interview. The survey a total of eight sections:
A. General questions
B. HD patient population
C. Current capacity within HD centre
D. Future capacity within HD centre
E. Future willingness and barriers
F. Future capacity outside HD centre
G. Survey close
H. Honorarium

Abbreviation Legend:
Disease Modifying Treatment (DMT)
Huntington's disease (HD)
Healthcare professionals (HCP)
Intrathecal (IT)

A. General questions
1. Name of centre & affiliated hospital (if different/applicable): [free text]
2. Address: [free text]
3. Name: [free text]

B. HD patient population

In this section of the survey we will be asking you questions regarding your current HD patient population.

1. How many HD patients have you managed in the last 12 months? Please list the number of clients by Shoulson-Fahn stage below.

Prodromal: Prior to stage 1. Patient has inherited the gene expansion but does not meet criteria for motor onset of HD. Subtle changes in motor, cognitive and often emotional function, with consequent subtle changes in functional abilities.
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**Stage 1:** Marginal engagement in occupation, having part-time voluntary or salaried employment potential AND maintains typical pre-disease levels of independence in all other basic functions, such as financial management, domestic responsibilities, and activities of daily living (eating, dressing, bathing, etc.); OR performs satisfactorily in typical salaried employment (perhaps at a lower level) and requires slight assistance in only one basic function: finances, domestic chores, or activities of daily living.

**Stage 2:** Typically unable to work, requiring only slight assistance in all basic functions: finances, domestic, daily activities; OR unable to work and requiring different levels of assistance with basic functions (some are still handled independently).

**Stage 3:** Unable to engage in employment AND requires major assistance in most basic functions: financial affairs, domestic responsibilities, and activities of daily living. Care may be provided at home but needs may be better provided at an extended care facility.

**Stage 4:** Requires major assistance in financial affairs, domestic responsibilities, and most activities of daily living. For example, comprehension of the nature and purpose of procedures may be intact, but major assistance is required to act on them.

**Stage 5:** Requires major assistance in financial affairs, domestic responsibilities, and all activities of daily living. Full-time skilled nursing care is required.

a. **Prodromal:** Number of patients: _______
b. **Stage 1-2:** Number of patients: _______
c. **Stage 3:** Number of patients: _______
d. **Stage 4-5:** Number of patients: _______
e. Total number of **HD patients:** Number of patients: _______
f. Total number of **all patients** in the centre. Number of patients: _______

2. What percentage of your HD patients live within 2 hours of your HD centre?
   a. 0-25%
   b. 25-50%
   c. 51-75%
   d. 76-100%
   e. I do not know

3. What percentage of your Stage 1 or Stage 2 patients are between >25 and ≤65 years of age (except DMT eligibility criteria)?
   a. 0-20%
   b. 20-40%
   c. 40-60%
   d. 60-80%
   e. >80%
   f. I do not have an estimate of the patient number
C. Current capacity within HD centre: resources, infrastructure and networks

The objective of this section is to assess the current capacity within your centre. This is divided into three parts: resources (personnel), infrastructure, and networks.

**Definitions:**

**HD clinical care:** activities related to medical care of HD patients (in clinic visits, RCD visits etc) excluding IT treatment.

**a. Part 1: Resource (Personnel)**

1. How often do you run your HD clinic?
   a. Time (min) per HD patient visit: __________
   b. Number of HD patient visits seen per clinic: __________
   c. Number of HD clinics per year: __________

2. What is the average wait list for your HD patients?
   a. Average time for **first** visit (months): __________
   b. Average time for **follow-up** visits (months): __________

3. **In your centre, other than yourself** are any of the following healthcare professionals (HCPs) currently involved in the HD clinical care for HD patients?
   a. **Nurse**
      i. No
      ii. Yes, within my centre
      iii. Yes, via a referral outside my centre
      iv. If yes, please indicate the following:
         - Number of this HCP type: __________
         - Number of minutes they spend on HD clinical care per patient visit: __________
         - Number of patient visits per year: __________
   b. **Neurologists (other than yourself)**
      i. No
      ii. Yes, within my centre
      iii. Yes, via a referral outside my centre
      iv. If yes, please indicate the following:
         - Number of this HCP type: __________
         - Number of minutes they spend on HD clinical care per patient visit: __________
         - Number of patient visits per year: __________
   c. **Neurologist-Resident**
      i. No
      ii. Yes, within my centre
      iii. Yes, via a referral outside my centre
      iv. If yes, please indicate the following:
         - Number of this HCP type: __________
         - Number of minutes they spend on HD clinical care per patient visit: __________
         - Number of patient visits per year: __________
   d. **Psychiatrist**
      i. No
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ii. Yes, within my centre
iii. Yes, via a referral outside my centre
iv. If yes, please indicate the following:
   - Number of this HCP type: ___________________________
   - Number of minutes they spend on HD clinical care per patient visit: __________________
   - Number of patient visits per year: ________________

e. Social worker (Resource centre director)
i. No
ii. Yes, within my centre
iii. Yes, via a referral outside my centre
iv. If yes, please indicate the following:
   - Number of this HCP type: ___________________________
   - Number of minutes they spend on HD clinical care per patient visit: __________________
   - Number of patient visits per year: ________________

f. Physiotherapy
i. No
ii. Yes, within my centre
iii. Yes, via a referral outside my centre
iv. If yes, please indicate the following:
   - Number of this HCP type: ___________________________
   - Number of minutes they spend on HD clinical care per patient visit: __________________
   - Number of patient visits per year: ________________

g. Occupational therapist
i. No
ii. Yes, within my centre
iii. Yes, via a referral outside my centre
iv. If yes, please indicate the following:
   - Number of this HCP type: ___________________________
   - Number of minutes they spend on HD clinical care per patient visit: __________________
   - Number of patient visits per year: ________________

h. Speech therapist
i. No
ii. Yes, within my centre
iii. Yes, via a referral outside my centre
iv. If yes, please indicate the following:
   - Number of this HCP type: ___________________________
   - Number of minutes they spend on HD clinical care per patient visit: __________________
   - Number of patient visits per year: ________________

i. Neuropsychologist
i. No
ii. Yes, within my centre
iii. Yes, via a referral outside my centre
iv. If yes, please indicate the following:
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- Number of this HCP type: ______________
- Number of minutes they spend on HD clinical care per patient visit: ______________
- Number of patient visits per year: ______________

j. Geneticist
   i. No
   ii. Yes, within my centre
   iii. Yes, via a referral outside my centre
   iv. If yes, please indicate the following:
      - Number of this HCP type: ______________
      - Number of minutes they spend on HD clinical care per patient visit: ______________
      - Number of patient visits per year: ______________

k. Genetic counselor
   i. No
   ii. Yes, within my centre
   iii. Yes, via a referral outside my centre
   iv. If yes, please indicate the following:
      - Number of this HCP type: ______________
      - Number of minutes they spend on HD clinical care per patient visit: ______________
      - Number of patient visits per year: ______________

l. Other
   i. No
   ii. Yes, within my centre
   iii. Yes, via a referral outside my centre
   iv. If yes, please indicate the following:
      - Number of this HCP type: ______________
      - Number of minutes they spend on HD clinical care per patient visit: ______________
      - Number of patient visits per year: ______________

4. When patients visit these HCPs, do they see them on the same day or in separate centre visits?
   a. Separate visits
   b. Same visits
   c. Variable

b. Part 2: Infrastructure

1. Prior to the COVID-19 pandemic, did your centre regularly support any remote patient populations (i.e. live >2 hours from centre)?
   a. Yes; If so, % of HD patients: ______________
   b. No

2. [Sub-question] If yes, how do you support these HD patients?
   a. Telephone consultation
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 Based on research plan template Version 3.0 released on 01 Jan 2020

 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

b. Telemedicine/telehealth consultation (i.e. use of specialized equipment at hospital/clinic)
 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

c. Virtual consultation (e.g. Zoom, Medeo, virtual care, etc.)
 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

d. Asynchronous communications (e.g. email)
 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

e. Satellite clinics (i.e. clinics associated with an HD centre but conducted in a different geographic location to service remote patient populations)
 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

f. Supporting local HCPs via virtual consults (HCP-HCP consultation)
 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

g. Other
 1. Scheduled time (min) per visit: __________________________
 2. Visits per year: __________________________

3. [Sub-question] If no, are there any barriers preventing you from offering telemedicine/telehealth with your HD patients? Select all that apply:
   a. Patient familiarity/lack of experience with the technology.
   b. Physical issues (e.g. speech too unclear)
   c. Lack of approved telemedicine systems in region
   d. Patient reluctance to participate if expected to perform telemedicine from home
   e. Physician compensation should replace financing/billing

c. Part 3: Network

 1. Currently, when an HD patient requires care from another healthcare professional (HCP) how often are they able to access the care they require?
    a. Psychiatrist
       i. Always
       ii. Sometime
       iii. Never
    b. Social worker (Resource centre directors)
       i. Always
       ii. Sometime
       iii. Never
    c. Physiotherapy
       i. Always
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ii. Sometime
iii. Never

d. Occupational therapy
   i. Always
   ii. Sometime
   iii. Never

e. Speech therapy
   i. Always
   ii. Sometime
   iii. Never

f. Other
   i. Always
   ii. Sometime
   iii. Never

2. What are the biggest barriers when referring HD patients to other allied healthcare professionals? Select all that apply.
   a. Capacity of the healthcare professional (e.g. waitlist)
   b. Willingness of the healthcare professional to manage HD patients
   c. Identifying a health care professional in close proximity to HD patient
   d. Lack of private coverage and/or cost
   e. Lack of healthcare professional education and experience
   f. Lack of transportation or logistical challenges to get to the healthcare professional
   g. High turnover of health care professional
   h. Other
   i. Unknown

D. Future capacity within your Centre: resources and infrastructure

The objective of this session is to understand the anticipated capacity within your centre required to manage HD patients should a DMT become available in the future. Capacity will be assessed in two parts: resources (personnel) and infrastructure.

In answering the questions below, please make the following assumptions:

- Injection interval: Two-loading doses (28 days apart), then Q8W treatment thereafter
- Sufficient expertise: Training on how to carry out an IT injection has been carried out if necessary
- Financial protection: No financial losses compared to the current status
Below is a diagram of the hypothetical treatment flow of intrathecal disease-modifying treatment for Huntington’s disease developed by the steering committee of this study (Leavitt et al., 2019 HSG). Please take this into account when answering the following questions.

Capacity reported should represent resources and infrastructure that is either immediately available for use or could be potentially accessible should a treatment become available (e.g. personnel tasks could be rearranged to free up time / space for additional activities). For the purpose of this survey, we will refer to this as accessible capacity. Please do not consider capacity (infrastructure/resources/personnel) that:

- is exclusively for research purposes and cannot be reassigned to clinical practice
- requires a different source of funding for clinical use that is currently not available

**d. Part 1: Resource (Personnel)**

1. Do you expect the proceduralist of the first IT infusion will differ from the IT proceduralist for subsequent administrations? Reminder: Assumption is two-loading doses on Day 1 and Day 29, then Q8W dosing thereafter
   a. No, first IT infusion and subsequent IT infusion would be done by the same person
   b. Yes, the first IT infusion and the subsequent IT infusion will be performed by different proceduralists
   c. Unsure

2. Within your centre, at a minimum, which of the following health care professionals would you require in order to provide a DMT? Please consider personnel required for both IT infusion and ancillary DMT activities.
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a. Nurse
   a. Psychiatrist
   b. Social worker
   c. Neurologists
d. Intrathecal proceduralists
   e. Neurologist-fellow/senior residents
   f. Other, please specify: ______________________

3. Within your centre, please indicate the accessible capacity of the following HCPs would either perform or support with the care HD patients should a disease modifying therapy become available? Please consider personnel required for both IT infusion and ancillary DMT activities.
   a. Nurse
      i. Number of HCP type: ________
      ii. Expected number of minutes each HCP could dedicate to HD patients per week:
      iii. Expected number of weeks per year per HCP: ________
   b. Psychiatrist
      i. Number of HCP type: ________
      ii. Expected number of minutes each HCP could dedicate to HD patients per week:
      iii. Expected number of weeks per year per HCP: ________
   c. Social worker
      i. Number of HCP type: ________
      ii. Expected number of minutes each HCP could dedicate to HD patients per week:
      iii. Expected number of weeks per year per HCP: ________
   d. Neurologists (yourself)
      i. Number of HCP type: ________
      ii. Expected number of minutes each HCP could dedicate to HD patients per week:
      iii. Expected number of weeks per year per HCP: ________
   e. Neurologists (other)
      i. Number of HCP type: ________
      ii. Expected number of minutes each HCP could dedicate to HD patients per week:
      iii. Expected number of weeks per year per HCP: ________
   f. Neurologist-fellow
      i. Number of HCP type: ________
      ii. Expected number of minutes each HCP could dedicate to HD patients per week:
      iii. Expected number of weeks per year per HCP: ________
   g. Other, please specify: ______________________
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e. **Part 2: Infrastructure**

1. If a DMT was available, which of the following **rooms** have accessible capacity to support HD care in your centre?
   a. Examination room
      i. Number of rooms: ______
      ii. Expected number of minutes available for HD patients per room per week: ______
      iii. Expected number of weeks per year per room: ______
   b. Dedicated room for intrathecal administration
      i. Number of rooms: ______
      ii. Expected number of minutes available for HD patients per room per week: ______
      iii. Expected number of weeks per year per room: ______
   c. Other
      i. Number of rooms: ______
      ii. Expected number of minutes available for HD patients per room per week: ______
      iii. Expected number of weeks per year per room: ______

2. If a DMT was available, in your centre which of the following **equipment** would have accessible capacity to support HD care?
   a. Ultrasound equipment for intrathecal treatment guidance
      i. Yes
      ii. No
      iii. Already used by the HD team (even if for non HD patients)
   b. Hospital stretcher with ability to achieve Trendelenburg position
      i. Yes
      ii. No
      iii. Already used by the HD team (even if for non HD patients)
   c. Local lab able to perform cerebral spinal fluid safety studies, prothrombin time, international normalized ratio and platelet count
      i. Yes
      ii. No
      iii. Already used by the HD team (even if for non HD patients)
   d. Blood pressure equipment
      i. Yes
      ii. No
      iii. Already used by the HD team (even if for non HD patients)
   e. Epidural positioning chair
      i. Yes
      ii. No
      iii. Already used by the HD team (even if for non HD patients)
   f. Other
      i. Yes
      ii. No
      iii. Already used by the HD team (even if for non HD patients)
E. Future willingness and barriers

The objective of this session is to understand the willingness and barriers you would experience within your centre should a DMT for HD patients become available in the future.

1. If a DMT requiring intrathecal infusion would become available, please list for yourself how much agree with the following statements regarding your comfort and willingness to support HD clinical care and IT infusion (see definition above)
   a. I would be willing to perform IT infusions
      0 - completely disagree
      1 - disagree
      2 - neutral
      3 - agree
      4 - completely agree
   b. I would be willing to provide HD clinical care
      0 - completely disagree
      1 - disagree
      2 - neutral
      3 - agree
      4 - completely agree

2. If a DMT requiring intrathecal infusion would become available, please list for yourself how much agree with the following statements regarding training.
   a. I would require additional medical training to perform IT infusions
      0 - completely disagree
      1 - disagree
      2 - neutral
      3 - agree
      4 - completely agree
   b. I would require additional medical training to support the clinical care of HD patients
      0 - completely disagree
      1 - disagree
      2 - neutral
      3 - agree
      4 - completely agree

3. When considering for other neurologists in your centre, how much agree with the following statements
   a. Other neurologists would be willing to provide HD clinical care
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0 - completely disagree
1 - disagree
2 - neutral
3 - agree
4 - completely agree
5 - not applicable

b. **Other neurologists** would be willing to perform IT infusion
0 - completely disagree
1 - disagree
2 - neutral
3 - agree
4 - completely agree
5 - not applicable

c. **Other neurologists** would require additional medical training should a DMT become available
0 - completely disagree
1 - disagree
2 - neutral
3 - agree
4 - completely agree
5 - not applicable

4. When considering for **nurses in your centre**, how much agree with the following statements

a. **Nurses** would be willing to support HD clinical care of HD patients:
0 - completely disagree
1 - disagree
2 - neutral
3 - agree
4 - completely agree
5 - not applicable

b. **Nurses** would be willing to support IT infusions
0 - completely disagree
1 - disagree
2 - neutral
3 - agree
4 - completely agree
Based on research plan template Version 3.0 released on 01 Jan 2020

5 - not applicable
c. **Nurses** would require additional training should a DMT become available
   0 - completely disagree
   1 - disagree
   2 - neutral
   3- agree
   4 - completely agree
   5 - not applicable

5. For capacity **within your centre**, which of the following do you think would need to be
   addressed in order to deliver the best care for HD patients: (priority 1-6, 1 being the highest
   priority)
   a. Increase personnel resources (number or time): _________
   b. Expand infrastructures: _________
   c. Acquire medical equipment: _________
   d. Increase proficiency and training for personnel: _________
   e. Increase administrative assistance: _________
   f. Increase other HCP support: _________
   g. Other: _________

**F. Future Capacity Outside your HD Centre**

The objective of this section is to understand the capacity outside of your HD centre (affiliated hospital, other neurology clinics etc) to manage HD patients should a DMT become available in the future.

Capacity reported should represent resources and infrastructure that is either immediately available for use or could be potentially accessible should a treatment become available (e.g. personnel tasks could be rearranged to free up time / space for additional activities). Please do **not** consider capacity (infrastructure/resources/personnel) that:

- is exclusively for research purposes and cannot be reassigned to clinical practice
- requires a different source of funding for clinical use that is currently not available

**HD clinical care**: activities related to medical care of HD patients (in clinic visits, RCD visits etc) excluding IT treatment.

1. **Outside of your centre**, are there any other centres or HCPs that would have accessible capacity to support HD care?
   a. Yes
   b. No
   c. Unsure

2. [Sub-question] If yes, where would you anticipate this capacity to come from?
   a. Neurology department in affiliated hospital
   b. Other departments in affiliated hospital
   c. Outpatient/day hospitals affiliated / networked within the hospital
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d. External outpatient/day hospitals without current relation with the hospital
e. Other non affiliated hospitals
f. Other
g. Unsure

3. If a DMT was available, outside of your HD centre are you aware of any other HCPs that have accessible capacity to support HD care? Please consider personnel required for both intrathecal infusion and ancillary DMT activities.

a. Nurse in Neurology department
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

b. Nurses in IV / IT units
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

c. Nurse in day hospital (same hospital)
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

d. Interventional Radiologists
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

e. Anesthesiologists
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

t. IV unit doctors (same hospital)
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

g. Day hospital physicians (same hospital)
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

h. Other neurologist for HD clinical care
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

i. Psychiatrist for HD clinical care
   i. Number of HCPs: __________
   ii. Expected number of minutes each HCP could dedicate to HD patients per week

j. Unsure

4. If a DMT was available, outside of your HD centre are you aware of any rooms would have accessible capacity to support HD care?
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a. Examination room in the broader Neurology department
   i. Number of resource:___________
   ii. Expected number of minutes available for HD patients per room per week:_______
   iii. Expected number of weeks per year:_______

b. Examination room in other department
   i. Number of resource:___________
   ii. Expected number of minutes available for HD patients per room per week:_______
   iii. Expected number of weeks per year:_______

c. Dedicated room for intrathecal infusion
   i. Number of resource:___________
   ii. Expected number of minutes available for HD patients per room per week:_______
   iii. Expected number of weeks per year:_______

d. IV infusion suite (with suitable bed for intrathecal infusion)
   i. Number of resource:___________
   ii. Expected number of minutes available for HD patients per room per week:_______
   iii. Expected number of weeks per year:_______

e. Waiting room (for patient resting / walking after the procedure)
   i. Number of resource:___________
   ii. Expected number of minutes available for HD patients per room per week:_______
   iii. Expected number of weeks per year:_______

f. Other
   i. Number of resource:___________
   ii. Expected number of minutes available for HD patients per room per week:_______
   iii. Expected number of weeks per year:_______

g. Unsure

5. If a DMT became available, would you consider referring your HD patient to other centres?
   a. Yes, only centre with high expertise in treating HD patients
   b. Yes, any movement disorder centre
   c. Yes, any neurologists
   d. Yes, but only for the IT procedure / to administer the DMT
   e. No, I would not refer patients out of my centre

G. Survey Close

The purpose of the study is to identify health care capacity to better plan for the future of care of Huntington’s patients. In order to achieve this goal, we are aiming to capture the capacity within the Canadian health care system.

1. Can we contact you for a follow-up phone interview on additional questions on capacity and solutions mapping?
   a. Yes
   b. No
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2. **Are you aware of any other Other Hospital treating ≥20 HD patients?** If yes, could you please provide the contact of a reference person?

3. Are you aware of any Day Hospital (i.e. located in the same hospital or affiliated to the same institution as an HD centre, and may have facilities equipped for IT treatment) in your surrounding area which could provide capacity for this IT DMT administration? If yes, could you please provide the contact of a reference person?

### H. Honorarium

Please review your Agreement in its entirety, and note the following information pertaining to Roche’s tax reporting obligations:

As this project is being in part supported by Roche, they are be required by law to report payments made to you to the Canada Revenue Agency (“CRA”), and to issue tax statements to you, including, where applicable, a T4A Statement of Pension, Retirement, Annuity, and Other Income. This reporting will be done annually, and any tax slips will be mailed to you in February following the relevant tax year.

In scope for disclosure to the CRA are:
- Any fees for services paid to individuals (but not corporations)
- Any reimbursements paid to individuals (but not corporations) for out-of-pocket expenses (e.g. reimbursed meals, mileage, taxi, parking, etc.)
- Grants and other financial support paid to individuals (but not to corporations)

Out of scope for disclosure to the CRA are:
- In-kind items and services (e.g. flights, hotels, meals, etc. directly paid by Roche)
- Payments made to corporations instead of individuals
- GST/HST (or equivalent) paid (if any)

For more information on the requirements of CRA reporting, please contact Dina Shi by email at dina.shi@roche.com or by phone at 416-618-2947

1. **Who should honorarium be made payable?**
   a. *Yourself*
   b. Professional corporation
   c. Decline honorarium [Exit survey]

[If “a”, then] Please complete the following information below to receive the honorarium for this activity.

1. Title:
2. First Name
3. Last Name
4. Email Address
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5. Admin/cc email address

6. Mailing address
   a. Address
   b. City
   c. Province
   d. Postal code
   e. Institution/Hospital affiliation
   f. Telephone

7. Tax number:
   a. Are taxes applicable?
      i. Yes
      ii. No
   b. Please fill out if applicable:

<table>
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<tr>
<th>Tax</th>
<th>Check if payable</th>
<th>Applicable rate*</th>
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* Tax rates subject to change in accordance with applicable tax regulations.

c. [If “b”, then] Please complete the following information below to receive the honorarium for this activity.

8. Title:
9. First Name
10. Last Name
11. Email Address
12. Admin/cc email address
13. Legal name of the professional corporation
14. Mailing address of the corporation
   a. Address
   b. Province
   c. Postal Code
   a. Telephone

2. Tax number:
   a. Are taxes applicable?
      i. Yes
      ii. No
   b. Please fill out if applicable:
Based on research plan template Version 3.0 released on 01 Jan 2020

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<th>Tax</th>
<th>Check if payable</th>
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<td>HST</td>
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<tr>
<td>PST/QST</td>
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</tr>
</tbody>
</table>

* Tax rates subject to change in accordance with applicable tax regulations.

d.