

Permission Request: Edmonton Classification System for Cancer Pain (ECS-CP)

This permission request form is for the use of the ECS-CP tool developed by Drs. Robin Fainsinger, Cheryl Nekolaichuk (University of Alberta, Edmonton, Canada) & Peter Lawlor (Bruyère Research Institute, Ottawa).

This form is intended to track the use of this tool by clinicians and researcher. All information contained on this form will be confidential.

1. USER INFORMATION:

Title (Mr/Mrs/Dr/Prof): _____
 First Name: _____ Last Name: _____
 Name of Organization: _____ Position: _____
 Address: _____
 City: _____ Prov/State: _____ Country: _____
 Email address: _____

2. INTENDED USE OF ECS-CP: Please check all areas in which the tool will be used

<p><input type="radio"/> Clinical:</p> <p><input type="checkbox"/> Palliative Care (PC) <input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Non Palliative Care <input type="checkbox"/> Non Cancer (specify): _____</p> <p><i>Who will use the tool:</i></p> <p><input type="checkbox"/> Physician <input type="checkbox"/> Clinical Nurse <input type="checkbox"/> Other (specify): _____</p> <p><i>Type of Service:</i></p> <p><input type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Inpatient PC unit <input type="checkbox"/> Home <input type="checkbox"/> Inpatient Hospice</p> <p><input type="checkbox"/> Long Term Care <input type="checkbox"/> Oncology <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Other (specify): _____</p>	<p style="text-align: center;">What region will the tool be used in?</p> <p><input type="checkbox"/> Local <input type="checkbox"/> Provincial/State <input type="checkbox"/> National</p> <p><input type="checkbox"/> International <input type="checkbox"/> Urban <input type="checkbox"/> Rural</p>
<p><input type="radio"/> Research/Evaluation</p> <p><i>Research Question:</i></p> 	
<p><input type="radio"/> Education</p> <p><input type="checkbox"/> Teaching Rounds <input type="checkbox"/> Workshop <input type="checkbox"/> In-Service Training <input type="checkbox"/> Other: _____</p>	
<p><input type="radio"/> Other: _____</p> <p>Please describe:</p> 	

3. TRANSLATIONS: Do you wish to translate the tool into another language?

Please provide a copy of the translation upon completion. Responsibility for the accuracy of the translation rests with the translator.

- No
- Yes, Language: _____
- Already Translated, Language: _____

The ECS-CP is freely available for use, with appropriate acknowledgement of its source.

For full list of citations please see:

http://www.palliative.org/newpc/professionals/tools/ecs_cp.html

Please send queries / completed form to:

Viki Muller, Covenant Health Palliative Institute

(Email) viki.muller@covenanthealth.ca

(T) 780.735-7493 (Fax) 780.735.7302

416, St. Marguerite Health Science Bldg. Grey Nuns Hospital
 1090 Youville Dr. West. Edmonton, AB T6L 0A3 Canada