Data Request Form

For access to NSW Health Pathology data for purposes other than direct patient care and management

Please complete and submit ALL pages of this application form

Email this form to: NSWPath-RGO@health.nsw.gov.au

APPLICANT DETAILS

Applicant name:

Applicant email:

Applicant telephone/mobile:

APPLICANT'S AFFILIATION / ORGANISATION

NSW Health Pathology employee:

◯ YES - NSW Health Pathology Laboratory name:

◯ NO - Local Health District *or* Hospital *or* University *or* Organisation name:

PROJECT NATURE

◯ **Quality Improvement / Health service planning or management / Contractor services**
Please provide a copy of the Quality Improvement determination letter email from your local research office

OR

◯ **Research**
Below, please answer 'Yes' if you have ethics approval or 'No' if ethics is not yet approved

☐ YES

☐ Ethics approval number:

☐ HREC office (that issued ethics approval):

Please provide a copy of:

- *Human Research Ethics Application (HREA)*
- *Ethics approval letter*

☐ NO: *ethics to be confirmed or applied for*

PROJECT OUTLINE

- *Please provide a brief outline of your project. This may include explaining the objective/aim, the type of patients to be studied, and the medical condition of interest.*
- *If you have a protocol or method for your project, please attach this to your application.*

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DATA VARIABLES

To help us better assist your enquiry, please indicate the types of data you require:

PATIENT:

- ☐ First name
- ☐ Surname
- ☐ Date of Birth
- ☐ Sex
- ☐ Medical Record Number (MRN)
- ☐ Address
- ☐ Post code
- ☐ Other:

TEST:

- ☐ Test type:
- ☐ Test result:
- ☐ Time of test
- ☐ Date of test
- ☐ Search test by a period of time:
  From: To:

Test priority code:

- ☐ Routine
- ☐ Urgent
- ☐ Other:

☐ Do you require the results of any other tests ordered at the same/similar time:

DATA FILTERED BY:

- ☐ Ward / Hospital location – please specify:
- ☐ Requesting Doctor(s) – please specify:
- ☐ Other:

DATA REQUEST IS:

- ☐ One-off request
- ☐ Ongoing request (specify period): From: To:

COVERAGE OF DATA REQUEST IS:

- ☐ Single hospital
- ☐ Multiple hospitals / LHDs
- ☐ Statewide NSW (All hospitals / all LHDs)
- ☐ FASS / Forensic Medicine

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To assist you in completing the form please refer to Human Research Ethics Committees –Quality Improvement & Ethical Review: A Practice Guide for NSW

Section 1: ISSUES WHICH MAY REQUIRE CONSENT

1. The project involves direct contact with patients, consumers, or members of the public.	Yes ◯	No ◯
2. The project poses additional risks or burdens to the patient beyond their routine care.	Yes ◯	No ◯
3. The data to be collected is of a sensitive nature or application.	Yes ◯	No ◯
4. The purpose of the activity is not 'directly related' to the patient's disease, illness or its management.	Yes ◯	No ◯
5. The data will be used or available in such a way that may identify individuals.	Yes ◯	No ◯

Section 2: PRIVACY AND CONFIDENTIALITY

6. The final dataset will contain information that identifies the participants.	Yes ◯	No ◯
7. Is the proposed activity to be conducted by a person who does not normally have access to the client's health or other records for care or a directly related secondary purpose?	Yes ◯	No ◯
8. The project involves rare conditions or a small community.	Yes ◯	No ◯
9. Data will be selected or identified by: • Aboriginal or Torres Strait Islander status; or • Ethnic, religious or minority group.	Yes ◯	No ◯
10. Data will be collected beyond that which is normally collected in routine care.	Yes ◯	No ◯

Section 3: OTHER IMPLICATIONS

11. The project uses 'new' interventions, protocols or equipment.	Yes ◯	No ◯
12. The project will involve allocation of patients to groups to enable comparisons.	Yes ◯	No ◯
13. The project will involve genetic tests/testing.	Yes ◯	No ◯
14. The project may potentially infringe the rights, privacy or professional reputation of carers, health professionals or institutions.	Yes ◯	No ◯
15. The project involves use of placebo.	Yes ◯	No ◯
16. The project is likely to generate data that may lead to publication.	Yes ◯	No ◯