

Multidisciplinary Team Chair Declaration Form

This form is to be completed by the Chair of a Multidisciplinary Team (MDT) for supporting the provision of MDT data collected in QOOL to an approved project.

Project Title (in full):

**Principal Investigator
/ Site Coordinator(s):**

Contact Number:

HREC Number:

Approval Date:

SSA Number:

Approval Date:

PHA:

Approval Date:

HIIRO:

Approval Date:

Name and facility of MDT:

MDT Chair Declaration

I acknowledge and agree that the investigator(s) listed above will be using MDT data sourced from QOOL for the sole purpose of completing the above titled project.

Name:

Department:

Signature:

Date:

Return completed form to Cancer Alliance

Queensland:

E: CancerDataQld@health.qld.gov.au

Or

Submit on website

W: www.CancerAllianceQld.health.qld.gov.au

Need more information?

Contact:

Cancer Control Information Manager

P: 07 3176 4436

E: CancerDataQld@health.qld.gov.au

W: www.CancerAllianceQld.health.qld.gov.au