

Cancer Alliance Queensland Data Request Form

Please complete all sections then go to

www.CancerAllianceQld.health.qld.gov.au/data-access-request

Fill out the online Cancer Alliance Queensland data registration and submit this form with supporting documentation

A. CONTACT DETAILS
Name of Requestor:
Name of Organisation:
Employer:
Phone Number:
Email Address:
Title of project:
Reason for requesting data from the Cancer Alliance Queensland:

B. ETHICS/PHA APPROVAL
<i>(See Data Access Guide for further information)</i>
<input type="checkbox"/> Full Human Research Ethics Committee <input type="checkbox"/> Human Research Ethics Committee Exemption
<input type="checkbox"/> Low risk Human Research Ethics Committee <input type="checkbox"/> Public Health Application (PHA)
<input type="checkbox"/> Other (specify)

C. REASON FOR DATA REQUEST
<i>(See Data Access Guide for further information)</i>
<input type="checkbox"/> Research <input type="checkbox"/> Clinical Audit <input type="checkbox"/> Quality Assurance <input type="checkbox"/> My MDT <input type="checkbox"/> My personal information
<input type="checkbox"/> Other (please specify)

D. INSTITUTION(S) WHERE WORK WILL BE CARRIED OUT

Institution:

Department:

Institution:

Department:

E. TIME LINES

When do you anticipate to start and finish your project?

Estimated Start Date:

Estimated Completion Date:

F. WHO WILL HAVE ACCESS TO DATA:

Please list individuals who will have access to data

G. PURPOSE/OBJECTIVE:

How will the data be used?

H. TARGET/VIEWING AUDIENCE:

Internal to Queensland Health External to Queensland Health (provide details of intended audience)

Provide details of intended audience

I. TYPE OF DATA REQUEST

*(See **Data Access Guide** for further information)*

Non-Identifiable Aggregated De-identified unit record Re-identifiable unit record Identifiable

J. DATA SPECIFICATION

Data Source (See **Data Access Guide** for further information)

OASys QOOL™ QLD Oncology Repository data warehouse QLD Cancer Register

Data time frame (Example 01/01/2005 – 31/12/2014)

Inclusion Criteria

Exclusion Criteria

List data elements, if applicable (Example URN, date of birth, primary site of cancer)

(See **Cancer Alliance Queensland Data Dictionary** for data availability and data element definitions)

Summary data elements, if applicable (Example 5yr age groups, Hospital and Health Service, Had surgery, 30 day mortality) (See **Cancer Alliance Queensland Data Dictionary** for data availability and data element definitions)

K. METHOD OF DATA DELIVERY

Data Extract Record Linkage Patient Recruitment/Contact View/Collect data via access to QOOL™

Other (please specify)

L. FREQUENCY OF DATA DELIVERY

Once Annually Regularly

Other (please specify)

M. SUPPORTING DOCUMENTATION

N. OTHER COMMENTS

Project Sign-Off: In signing this page you certify that all details in this data request form are accurate and you agree to carry out the projects as per conditions in the Data Access Statements documented in the Cancer Alliance Queensland Data Guide.

APPLICANT

Name:	Date:
Signature:	

Prior to submitting your request, please review the contents of this form to make sure it includes all of the information you entered in its entirety. You can submit supporting documentation through the on-line submission.

<p>Return completed form to Cancer Alliance Queensland: Email CancerDataQld@health.qld.gov.au Or Submit on website CancerAllianceQld.health.qld.gov.au</p>	<p>Need more information? Contact the Cancer Control Information Manager P: 3176 4436 E: CancerDataQld@health.qld.gov.au W: CancerAllianceQld.health.qld.gov.au</p>
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