

Cancer Alliance Queensland Data Request Form

Internal clinical audit or HREC exemption

Please complete PART A to K sections below and then go to the following website
www.CancerAllianceQld.health.qld.gov.au/data-access-request

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

PART A: CONTACT DETAILS

Name of Requestor:

Name of Organisation:

Employer:

Contact Number:

Email Address:

PROJECT TITLE (in full):

PART B: REASON FOR DATA REQUEST

Internal Clinical Audit

Human Research Ethics Committee Exemption Approval Date:

PART C: INSTITUTION(S) WHERE WORK WILL BE CARRIED OUT

Institution:

Department:

Institution:

Department:

Institution:

Department:

PART D: TIME LINES

When do you anticipate to start and finish your project?

Estimated Start Date:

Estimated Completion Date:

PART E: WHO WILL HAVE ACCESS TO DATA

Please list individuals who will have access to data:

PART F: PURPOSE / OBJECTIVE

How will the data be used?

PART G: TYPE OF DATA REQUEST

Non-Identifiable Aggregated

De-identified unit record

Re-identifiable unit record

Identifiable

PART H: DATA SPECIFICATION

Data Source

QOOL

QLD Oncology Repository- Discovery data

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)
Summary data elements, if applicable: (Example: 5yr age groups, Hospital and Health Service, Had surgery, 30 day mortality)

PART I: METHOD OF DATA DELIVERY

<input type="checkbox"/> Data Extract	<input type="checkbox"/> View / Collect data via access to QOOL
<input type="checkbox"/> Other (please specify):	

PART J: FREQUENCY OF DATA DELIVERY

<input type="checkbox"/> Once	<input type="checkbox"/> Annually	<input type="checkbox"/> Regularly (please specify):
<input type="checkbox"/> Other (please specify):		

PART K: SUPPORTING DOCUMENTATION / 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 project as per the conditions in the [Data Access Terms and Conditions](#) documented in the [Cancer Alliance Queensland Data Guide](#).

APPLICANT

Name:

Date:

Signature:

HEAD OF DEPARTMENT

Name of Department:

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.

Return completed form to Cancer Alliance Queensland:

E: CancerDataQld@health.qld.gov.au

Or

Submit on website:

W: CancerAllianceQld.health.qld.gov.au

Need more information?

Contact:

Cancer Control Information Manager

P: 07 3176 4436

E: CancerDataQld@health.qld.gov.au

W: CancerAllianceQld.health.qld.gov.au