Cancer Alliance
Queensland

Data Request Form

Please complete and send with supporting information to CancerDataQld@health.qld.gov.au

PART A: CONTACT DETAILS	
Investigator name:	**Date of request:**
Facility/Institution:	**Department/Unit:**
Contact number:	**Email address:**

PROJECT TITLE (in full):

BRIEF DESCRIPTION:

TYPE OF DATA:	
Identifiable	Non identifiable aggregated?
Re-identifiable unit record	Deidentified
De-identified unit record	Data linkage

INCLUSION CRITERIA:

Queensland Government

DATA ITEMS:	
Data from (date):	**Data to (date):**
List *Data Items* if applicable: (example: URN, date of birth, primary site of cancer)	List *Summary Data Elements*, if applicable: (Example: 5yr age groups, Hospital and Health Service, had surgery, 30 day mortality)

OTHER COMMENTS / LIST SUPPORTING DOCUMENTATION AND ATTACH - *Protocol (mandatory), HREC approval, other approvals.*	
Return completed form to Cancer Alliance Queensland: E: CancerDataQld@health.qld.gov.au	**Need more information?** P: 07 3176 4400 W:CancerAllianceQld.health.qld.gov.au

INTERNAL USE ONLY:	
Date of review:	**Status of request:**
Questions to go back:	
Data request approved Y/N?	**Data source:**

Queensland Government