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| Access Request Form (Research Application) – NSW Health Pathology |
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**Email completed form to:** [**NSWPath-AccessRequest@health.nsw.gov.au**](mailto:NSWPath-AccessRequest@health.nsw.gov.au)

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| **Access Request Form – NSW Health Pathology** | | | | | |
| **RESEARCH APPLICATION** | | | | | |
| **Project Nature** | | Research  Quality Improvement (QI)  Health service planning/management or contractor services | | |
| **Ethics application ID (if applicable):** | |  | | |
| **Name of HREC (if applicable):** | |  | | |
| **Has a NSWHP SSA been submitted as part of a Collaboration?** | | Yes  **NSWHP SSA number:**  **List NSWHP PI:** | | |
| **Project title:** | |  | | |
| **Short Project title**  **(this will appear on the quote and request forms)** | |  | | |
| **Study Protocol number (if applicable)** | |  | | |
| **Name of Coordinating Principal Investigator (CPI):** | |  | | |
| **SPECIFIC DETAILS FOR THIS FORMAL ACCESS REQUEST** | | | | |
| **CPI/Delegate contact details:** | | Name:  Address:  Contact number:  Email:  Provider number: | | |
| **CPI/Delegate organisation/affiliation** | |  | | |
| **Estimated study dates or project duration:** | |  | | |
| **Expected number of participants (if known):** | |  | | |
| **Provide a brief overview of the purpose (aims/objectives) for requesting this access:** | |  | | |
| **If relevant, how would you like to receive reports/results (delivery details) – i.e. PowerChart, hard copy, fax, download, email, etc.:** | |  | | |
| **ACCESS REQUEST** | | | | |
| **Choose the NSW Health Pathology facilities/locations from where you require access:**  (for a full list of public hospitals: <https://www.health.nsw.gov.au/lhd/Pages/default.aspx>)  **Data Request only** (will go to Research Governance Office (RGO))  **Statewide** research services request (more than one operational area)  **Operations South** (South West Sydney - i.e., Bankstown, Liverpool, Fairfield, Campbelltown, and Camden)  **Operations South** (Illawarra Shoalhaven - - i.e., Wollongong, Shoalhaven and Shellharbour)  **Operations North** (Mid North Coast, Northern NSW, Central Coast, HNE, North Sydney - i.e. Coffs Harbour, Port Macquarie, Lismore, Gosford, John Hunter and Royal North Shore)  **Operations East** (Central Sydney and South Eastern Sydney - i.e., Royal Prince Alfred, Concord, Prince of Wales, St George and Sutherland)  **Operations West** (Western Sydney and Nepean Blue Mnts - i.e., Westmead and Nepean)  **Operations Rural & Regional** (Murrumbidgee, Southern NSW, Western NSW and Far West - i.e., Wagga Wagga, Batemans Bay and Broken Hill) – *Note: Due to limited staff, rural and regional areas are most likely not in a position to support research at the moment.*  **Forensic and Analytical Science Service** (FASS - statewide)  **Point of Care Testing** (statewide)  **Genomics** (statewide)  **Statewide Biobank**  Other: | | | | |
| **FUNDING** | | | | |
| Expected funding source for the requested pathology services:  Non-commercial/cooperative groups (i.e., ANZBCTG)  International, national or local grants (i.e., NHMRC)  Hospital general purpose or SP&T (trust)  NSWHP collaboration (outlined in the associated NSWHP SSA in REGIS  Commercial/Industry  Other: | | | | |
| **DOCUMENTATION SUPPLIED** | | | | |
| For faster turnaround time on your application, please send the following documentation to:  [NSWPATH-AccessRequest@health.nsw.gov.au](mailto:NSWPATH-AccessRequest@health.nsw.gov.au)  HREC approval/QI determination letter  HREA form (if applicable), current protocol, laboratory manual, or similar  All documentation to be distributed through the facilities, locations or services within NSW Health Pathology  If applicable, any written confirmation of support from staff of NSWHP laboratories or services through which you are seeking to access participants specimen or data  NSW Health Pathology will hold all confidential information you provide in strict confidence and will not disclose or permit it to be disclosed to any person other than those of its personnel who require the confidential information for the purpose of considering your request for access. Notwithstanding this, NSW Health Pathology may disclose your confidential information where required by law. | | | | | |
| **What is being requested from NSWHP (please tick below all that applies):** | | | | | |
| Request for participant recruitment through posters, leaflets, letters of invitation OR for the distribution of surveys and questionnaires to NSWHP staff.  Request for pathology archival/diagnostic biospecimens only (complete Section A)  Request for pathology data (complete Section B)  Request for pathology services (complete Section C)  Other: | | | | | |
| **Official Use** | | | | | |
| **Acknowledgement of receipt from Research Governance Officer** | | | | | |
| *I acknowledge receipt of the above access request form* | | | | | |
| **Name:** |  | | **Position:** |  | |
| **Signature:** |  | | **Date:** |  | |
| **Declaration by Research Governance Officer (or other authorised person)** | | | | | |
| *The above project has been reviewed and has been granted site authorisation under the following condition(s):* | | | | | |
| **Name:** |  | | **Position:** |  | |
| **Signature:** |  | | **Date:** |  | |