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| Access Request Form – NSW Health Pathology |
| **SECTION B – REQUEST FOR PATHOLOGY OR FORENSIC DATA** |

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| **Nature of data request** |
| Data requested is associated with a biospecimen request in Section AOne-offOngoing request (specify period):

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| **From:**  | **To:** |

  Single hospital  Multiple hospitals / LHDs  Statewide NSW (All hospital / all LHDs)  FASS / Forensic Medicine |
| **Describe the proposed data access process (or include a copy of the protocol).** |
|  |
| **Please indicate the data variables you require below** |
| **PATIENT IDENTIFIERS** | **TESTS** |
| First NameLast NameSexMedical Record NumberAddressPostcodeDate of BirthOther: | Test type: Test result: Time of testDate of testSearch all tests between (date range):

|  |  |
| --- | --- |
| **From:**  | **To:** |

**Test priority code**RoutineUrgentOther: **Do you require the results of any other tests ordered at the same/similar time?**  |
| **Data is to be filtered by** |
| Ward/Hospital – please specify: Requesting Doctor(s) – please specify: Other:  |

**The risk and/or burden to participants must be negligible for QI projects as per** [**GL2007\_020**](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_020.pdf)**.**

**Please complete the following if you do not have ethics approval or a QI determination letter:**

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| **Risks & Burdens** |
| The project involves direct contact with patients, consumers, or membersof the public. | Yes  No |
| The purpose of the activity is not ‘directly related’ to the patient’s disease,illness or its management. | Yes  No |
| The project involves rare conditions or a small community. | Yes  No |
| Data will be selected or identified by; Aboriginal or Torres Strait Islander status or Ethnic, religious or minority group | Yes  No |
| The project uses new interventions, protocols or equipment? | Yes  No |
| The project involves genetic testing or use of genetic information? | Yes  No |
| The project potentially infringes on the rights, privacy or professional reputation of carers, health professionals or institutions | Yes  No |
| Does the proposed activity involve any clinically significant departure from the routine clinical care provided to patients? | Yes  No |
| Does the proposed activity involve randomisation (allocation of participants to groups to enable comparison), inclusion of control groups, or the use of placebo? | Yes  No |
| Does the proposed activity seek to gather information about the participant beyond that collected as part of routine care? If yes, please explain: Click here to enter text. | Yes  No |
| **Participant surveys/questionnaires (if applicable)** |
| Number of surveys the participant will have to answer |  |
| The estimated total time required to answer the survey(s) |  |
| How survey will be distributed?  |  |
| Survey platform to be used (if any) e.g. REDCap  |  |
| Will you be interviewing staff members or students? | Yes  No |
| Copy of survey questions attached | Yes  No |
| List the name of each survey that will be administered |  |
| **Consent** |
| Will written informed consent be obtained from participants?  | Yes  No |
| Will verbal and/or implied consent be obtained from participants?  | Yes  No |
| If yes above; copy of participant information sheet and consent form (or verbal consent script) is attached | Yes  No |
| **Privacy and Confidentiality** |
| Will access to personal information extend beyond those who are members of the clinical care team i.e. to others who don’t normally have access to patient records or other data?  | Yes  No |
| Will confidentiality of participant records and/or information be maintained at all times? | Yes  No |
| **Privacy and Data Storage** |
| Is the data to be collected of a sensitive nature or application? | Yes  No |
| Is there a process for de-identification of data? If no, please explain; Click here to enter text. | Yes  No |
| Will the final dataset contain information that identifies the participants, or will the data be used or available in a way that may identify individuals? | Yes  No |
| How will data be retained? *e.g. Paper copies in locked office or electronic copies, password protected file on secure network.* |   |