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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 A  One-off  Ongoing request (specify  period):   |  |  | | --- | --- | | **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 Name  Last Name  Sex  Medical Record Number  Address  Postcode  Date of Birth  Other: | Test type:  Test result:  Time of test  Date of test  Search all tests between (date range):   |  |  | | --- | --- | | **From:** | **To:** |   **Test priority code**  Routine  Urgent  Other:  **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 members  of 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.* |  |