**REQUEST FOR ACCESS TO DATA**

**PART A: REQUESTER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request:** |  | **Date required by:** |  |
| **Short title of data request:** |  |
| **Principal Requester:** |  | **Title:** |  |
| **Other Investigators:** |  | **Titles:** |  |
| **Affiliation/Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Are you a student** | [ ]  Yes [ ]  No |
| **If YES, what degree are you working towards?** |  |
| **Name and contact details of you supervisor** |  |
| **Is this a funded research project?** | [ ]  Yes [ ]  No  |
| **If YES, who has funded project?** |  |
| **Was the BRANZ formally involved in the grant application?** |  |
| **Does your project require Human Research Ethics committee (HREC) approval?** | [ ]  Yes [ ]  No  | \*If NO proceed to PART B(Please note that all projects requesting patient level data require HREC approval)  |
| **If YES have you applied for HREC approval?**  | [ ]  Yes [ ]  No |
| **If YES which organisation’s HREC did you apply to?** |  |
| **Have you received HREC approval?** | [ ]  Yes [ ]  No  | \* If YES, please attach a copy of your approval certificate, a full copy of your application and any other relevant documents such as participant information sheets and consent forms etc. |

**PART B: PROJECT DETAILS**

Reason for data request: what will you do with the data? Please note that approval will only be given for the project described in this application. Use of data for any other purpose will require an **additional** request.

|  |  |
| --- | --- |
| **Title of project** |  |
| **Background and rationale for the project**(500 word maximum plus key references) |  |
| **Hypothesis and specific research questions** |  |
| **Possible outcomes and clinical significance of this research** **(**250 word maximum) |  |
| **Methodology of project**(500 word maximum) |  |
| **Inclusion and Exclusion criteria** |  |

**PART C: DATA**

**The most commonly requested data items are shown in the table below. Please tick those relevant to your research and provide justification for each. If you require additional data items please list them with justification for each. The BRANZ is required to maintain patient privacy. No data will be released that could potentially identify patients. Therefore please consider this in your selection and justification and note that not all data items may be approved for privacy reasons (Refer to BRANZ data dictionary for the full list of items).**

|  |  |  |
| --- | --- | --- |
| **Commonly requested data items** | **Yes** | **Justification** |
| Age on admission |  |  |
| Gender |  |  |
| Admission type/hospital |  |  |
| Primary cause of injury |  |  |
| Injury event activity |  |  |
| Injury event place |  |  |
| Injury event intent |  |  |
| Burn location body area |  |  |
| TBSA |  |  |
| Theatre admission |  |  |
| ICU admission |  |  |
| Length of stay in ICU |  |  |
| Disposition |  |  |
| ICD diagnosis code |  |  |
| ICD procedure code |  |  |
| **Additional data items requested for your project (add additional lines as needed)** | **Justification** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**PART D:**

|  |  |  |
| --- | --- | --- |
| Have you read the BRANZ data access policy and agree to comply? | [ ]  Yes  | [ ]  No  |
| Have you read the BRANZ policy guideline for fees and agree to comply? | [ ]  Yes  | [ ]  No  |
| Have you read the BRANZ policy guideline for publication and other public acknowledgments and agree to comply? | [ ]  Yes  | [ ]  No  |
| How did you find out about accessing the BRANZ data? |
| Approved by BRANZ Steering Committee Chairperson:Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes  | [ ]  No  |