

**DATA RELEASE REQUEST FORM**

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| AOA is responsible for protecting the confidentiality of the information it receives, and maintaining high-level data security procedures. Only de-identified data can be released.  **TO COMPLETE THIS FORM IN WORD**   * *Place the cursor in the required field* * *Tab to move to the next field* * *Click on check box to mark* * ***Once complete email the form to*** [***research@aoa.org.au***](mailto:research@aoa.org.au)***.*** |

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| **SECTION 1** |

**CONTACT DETAILS**:

|  |  |
| --- | --- |
| date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| principal requester: |  | | |
| Position: |  | | |
| Telephone: |  | Mobile: |  |
| Email: (Institutional/Organizational) |  | | |

|  |  |
| --- | --- |
| organisation: |  |
| address: |  |
|  |  |
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|  |  |
| --- | --- |
| contact person: |  |

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| --- | --- | --- |
| **DATE REQUIRED BY**: |  |  |
| AOA will endeavour to provide the report by the nominated date; however this is dependent  on the available resources at the time of the request and the complexity of the analysis required. | | |

**SECTION 2**

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| **REQUESTER/REQUESTING ORGANISATION:** |

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| AOA MEMBER  AOA ID:  name:  Signature: | HOSPITAL OR RESEARCH INSTITUTE  The following People ARE AWARE of this request:  CEO  Yes NO  N/A  name:  Signature:  Head of Orthopaedic Department  Yes NO  N/A  name:  Signature: | GOVERNMENT  name:  Signature: |
| other | *PLEASE SPECIFY* | |

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| |  | | --- | | Identify who will have access to data: | |  | |  | |  | |  | |

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| **SECTION 3** |

**DETAILS OF DATA USAGE**:

*Please provide details of intended use of the requested data*

**SECTION 4**

**DATA REQUEST**:

*Tick relevant box/es*

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| --- | --- | --- | --- | --- | --- |
| national Data |  | State Data |  | Name of State: |  |
| Hospital Data |  |

*Specify details of Other Data*

|  |  |  |
| --- | --- | --- |
| Other Data |  |  |

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| --- | --- | --- |
| TIME PERIOD |  |  |

|  |  |
| --- | --- |
| Specific details of data required: |  |

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| To facilitate a timely turnaround of requests please ensure that all relevant sections of the Form are completed in full. Incomplete requests will be returned to the requester for completion and resubmission. |

**SECTION 5**

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| **JOURNAL/CONFERENCE DETAILS:**  *Complete details(where applicable)* |

|  |  |
| --- | --- |
| title of publication or abstract: |  |

|  |  |
| --- | --- |
| principal Authors: |  |
|  |  |
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|  |  |
| --- | --- |
| intended journal: |  |

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| --- | --- |
| conference details: |  |

|  |  |
| --- | --- |
| location: |  |

|  |  |
| --- | --- |
| date of conference: |  |

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| --- | --- |
| abstract submission deadline: |  |

*Please note: A draft abstract must be submitted at least 10 days prior to this date*.

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| comments: |  |
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**SECTION 6**

**Research Project:**

hypothesis:

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background information:

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primary objectives of your investigation:

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| --- | --- |
| Principal Investigator: | |
| Name: |  |
| Position: |  |
| Organisation/Unit: |  |
| Signature: |  |
| Date: |  |