

**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******.***

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| **SECTION 1** |

**CONTACT DETAILS**:

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

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

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| --- | --- |
| 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/Aname:      Signature:Head of Orthopaedic Department[ ]  Yes [ ] NO [ ]  N/Aname:      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*

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| Other Data | [ ]  |       |

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| TIME PERIOD |  |       |

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| 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)* |

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

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| --- | --- |
| principal Authors: |       |
|  |       |
|  |       |

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| intended journal: |       |

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| conference details: |       |

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| --- | --- |
| location: |       |

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| 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:  |       |