

Application for Data

This form should be completed for all applications for national/multi-centre donation and/or transplant data

APPLICANT DETAILS **Section 1**

Title _____ Name _____

E-mail _____

Contact number _____

Position held _____

Institution _____

Institution address _____

Postcode _____ Date of application _____

Is this study to form part of a post-graduate qualification? _____

CO-APPLICANTS **Section 2**

**Please note: 1) Co-applicant 1 should be the senior person involved in the study / Principal Investigator
2) When submitting this application, all listed co-applicants should be copied into the e-mail**

| | Name | Affiliation | E-mail |
|----------------|-------|-------------|--------|
| Co-applicant 1 | _____ | _____ | _____ |
| Co-applicant 2 | _____ | _____ | _____ |
| Co-applicant 3 | _____ | _____ | _____ |

STUDY DESCRIPTION **Section 3**

Study title _____

Study question
(Main hypothesis of interest?) _____

Study aims
(Specific aims of the study) _____

Background information
(Explain how this study will benefit donation/transplantation) _____

Study cohort
(Inclusion/exclusion criteria)

Data required
(List all data items and the reason they are required. Indicate outcome measures to be analysed)

Analyst details
(Please indicate who will be analysing the data)

If NHSBT statistical resource is required to support this study, please make that clear in this section

Statistical analysis
(Provide a brief outline of the proposed statistical analysis)

Publication / intended use
(State intentions for publishing study results eg name of meetings, conferences and journals **and/or** specify any other intended use of the data/analysis)

Please complete this section only if patient identifiable data are required (eg name, birth date, death date, postcode)

Do you have patient/next of kin consent? Yes / No? Select

Do you have appropriate ethical approval from a recognised committee? Yes / No? Select

For ethically approved studies please provide the committee name and reference number

Ethics committee _____ Reference _____

Please also provide documentary evidence of relevant approvals with this application

Data storage
(Indicate how the data will be stored and any safeguards set in place to limit use of, and access to, the data)

Note that if your application is agreed, data will be provided by email via an encrypted CSV file. Completed forms should be returned to: statistical.enquiries@nhsbt.nhs.uk

Number of patient records requested

NHSBT Research Review Group approval date

Information Asset Owner approval

Date of Information Asset Owner approval

CIA rating

Confidential

Select High/Medium/Low

Integrity

Select High/Medium/Low

Availability

Select High/Medium/Low

Classification

Select Clinical or Non-clinical confidential/Commercial/Unclassified

Information Governance Officer approval

Date of Information Governance Officer approval