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**DATA ACCESS REQUEST FORM**

Data obtained from clinical care has to be treated with the utmost care so that patients’ confidentiality and rights are maintained at all times. As guardians of data on behalf of our patients, we take that responsibility seriously and need to ensure that any use of data for research is appropriate and yields insights which will benefit patients. LTHT has therefore established a process to ensure that datasets that it holds are accessed properly.

If you require access to datasets from LTHT as part of a project, then please complete this form and send it to: [leedsth-tr.researchdata@nhs.net](mailto:leedsth-tr.researchdata@nhs.net).

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| **Project Lead Name** |  | | |
| **Project Lead Organisation** |  | | |
| **Project Lead Department** |  | | |
| **Name of point of contact for all correspondence** |  | | |
| **Point of contact email** |  | | |
| **Point of contact telephone number** |  | | |
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| **Has funding been secured for the project?** | **YES/NO** | ***If YES, then what is the funding source?*** |  |
| **Estimated cost for work by**  **R-DIT** |  | **How much of this cost will be covered?** |  |
| **If the full cost of the work is not covered, please explain why** |  | | |
| **Address to send invoice** |  | | |
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| **Key collaborators (please give name, job title and organisation)** |  | | |
| **Proposed project start date** |  | | |
| **Project end date, i.e. until when do you need to retain the data?** |  | | |
| **Have you requested any datasets for this project previously?**  **If yes, then please give details.** |  | | |

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| **Is this project NHS research?**  NHS research is defined in the UK Policy Framework for Health and Social Care Research (Health Research Authority, 2017) as ‘the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods’. NHS research projects require approval by the Health Research Authority (HRA). | | |
| **YES**  If yes, please provide further details below: | **NO**  If no, please proceed to next section. | **DON’T KNOW**  If you don’t know whether your project is NHS research please contact the R&I research governance team at email [leedsth-tr.researchgovernance@nhs.net](mailto:leedsth-tr.researchgovernance@nhs.net) . See also HRA decision tool at <http://www.hra-decisiontools.org.uk/research/> |
| **LTHT R&I ref no.** |  | |
| **IRAS ref no.** |  | |
| **Sponsor organisation** |  | |
| **Chief Investigator name** |  | |
| **Have you obtained ethical approval for your project?**  **If so, please provide a copy of the approval or embed it in this space.** |  | |

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| **Project Title** |  | |
| **Description of Project**  (250 words) |  | |
| **Lay Summary**  (250 words) |  | |
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| **Patient benefits**  (200 words) |  | |
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| **Is aggregated data required or record level data?** |  | |
| **Datasets required for project** |  | |
| **If personal data, which includes pseudonymised data, is requested. Is your use of the data consented by the patient or do you have a S251 from CAG?**  **If you have a S251 approval, please provide a copy of the letter or embed a copy in this space.** |  | |
| **Estimated size of data set (i.e. number of patients/ records/ occurrences etc.)** |  | |
| **Data Flow Diagram** |  | |
| **Where will datasets be stored for the duration of the project? How will data be transferred if necessary?** |  | |
| **Who will have access to the datasets for the purposes of the project (please give name, job title, organisation)?** |  | |
| **Have all persons who will have access to the data undergone LTHT Mandatory IG Training, attended the Research Academy course: “How to Use Real World Data from LTHT for Research” or both?** |  | |
| **Will the datasets be linked with any other datasets (e.g. primary care, national datasets)?**  **If yes, please give details** |  | |
| **Will any data be transferred to a third party?** |  | |
| **How will the results of the project be used?** |  | |
| **If any commercial organisations are involved in the project, how will they benefit from it?** |  | |
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| **I warrant that all the information provided in this form is correct** | **Signed (Project Lead):** | **Date:** |
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