

NEW ZEALAND BREAST CANCER REGISTER

Data Request Form

All applications for data must be approved by the regional governance group and/or Clinical Advisory Group (CAG) of the New Zealand Breast Cancer Register (NZBCR). Your request will be reviewed by the applicable governance group(s) and/or CAG then you will be notified in due course of the group's decision. To ensure patients' privacy and confidentiality is maintained, the Registers will only release de-identified data.

Please consult with the regional NZCBR Data Manager BEFORE you submit this application to ensure your data requirements can be met by the registers.

Date of request	
Name of Researcher/ Principal requester	
Supervisor/Senior Researcher	
Department/ Organization	
Contact person	
Telephone number	
Email address	
Requesting organization	
Does this project or request require ethical approval?	<i>Please attach a copy of the letter of approval AND ethics application</i>
Is this Research Funded?	
If yes, who is the Funder?	<i>Please attach a copy of the funding application which will be kept in confidence</i>
Title of Project/ Research	
Register(s) involved	Auckland <input type="checkbox"/> Christchurch <input type="checkbox"/> Waikato <input type="checkbox"/> Wellington <input type="checkbox"/>
Name of NZBCR Data Manager consulted	

Please specify how you will be using the requested data.

Please provide the NZBCR with a copy of the publication/paper/abstract generated from the data requested and ensure the NZBCR & its funders are acknowledged.

What register data, if any, would be disclosed, e.g. with publications, web sites, by personal communication, etc.?

National Breast Cancer Register use only:

Date of Clinical Advisory Group meeting	(or date data request was forwarded for approval)
Members present	
Was request approved?	Yes/No
Reason	
Feedback to requester	Cost recovery – Yes/No
Time frame for data extraction	