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| Research Audit Evaluation |  |
| **Request for Data Extract/Report** |

This form is provided to help guide individuals to prepare a request that clearly defines the data required, and requests details to ensure that information provided by Pegasus Health (Charitable) Ltd complies with the Privacy Act 1993 and Health Information Privacy Code 1994.

Requests should cover that outlined in this document, which includes aspects of data collection, management, and use. Either narrative should be completed or the appropriate boxes ticked.

**How to use this form:**

To activate fields, use the arrow keys on your keyboard to navigate between fields.

Once you have completed the form save a copy and email it as an attachment to research@pegasus.org.nz

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| **Data Requested by:** | Click here to enter text. |
|  |  |
| **Organisation:** | Click here to enter text. |
|  |  |
| **Position:** | Click here to enter text. |
|  |  |
| **Date:** | Click here to enter text. |  |  |
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| General requirementsPurpose(s) of the data request:Click here to enter text. |
| Specify the intended audiences of the data request: (E.g. yourself, Management, Board, PHO, CDHB, etc)Click here to enter text. |
| How often will this data be requested: (e.g. Only once, monthly, etc)Click here to enter text. |

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| Privacy/ethical assessmentWill the data extract / report be clearly aligned to the reasons for which the data was originally obtained? [ ]  Yes [ ]  NoWill the data extract/report contain identifiable patient information: [ ]  Yes  [ ]  No Has patient consent been obtained? [ ]  Yes [ ]  NoHas ethical approval been obtained? [ ]  Yes [ ]  NoIf answered “No” to 2.2, if the data set is small and it may be possible to identify an individual other than by intentional identifiers, how will you manage the data set to ensure individuals are not identifiable?Click here to enter text. |

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| Data Handling and security:**3.1 Who will have access to the data:**Click here to enter text. |
| **3.2 Who will monitor security and grant access to the data:**Click here to enter text. |
| **3.1 What will happen to the data once used:**[ ]  **Destruction (specify how):** Click here to enter text. |
| [ ]  **Secure Storage (specify how):** Click here to enter text. |
| [ ]  **Passed on to and secured by another organization (details required):** Click here to enter text. |
| 1. **Detailed Data extract/report requirements**
	1. **What is the selection criteria for the data you are requesting: (e.g. case definition, time interval. Inclusions, exclusions, etc):**

Click here to enter text. |
| * 1. **List of data fields required: E.g. Surgery name, NZMC, Claim type, Claim date,**

Click here to enter text. |
| * 1. **List any grouping for the data set: E.g. group by claim type, group by ethnicity, group by date range.**

Click here to enter text. |
| * 1. **What formats are acceptable/preferred for this data request.**

[ ]  Excel [ ]  Access [ ]  Business Objects [ ]  Paper report[ ]  Other (please give details): Click here to enter text. |
| * 1. **Will you provide a sample data extract/report:**  [ ]  Yes [ ]  No

(Providing a sample is likely to hasten the production of an extraction or report) |

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| **For Pegasus Health (Charitable) Ltd use only:** |
|  | **ID No.:**        |  |
|  | **Date submitted:**        |  |
| **Comments:** Click here to enter text. **Decision on this Request:** ***[ ]*** Approved ***[ ]*** Declined |
| **Date of decision:** Click here to enter a date. Signature:  Click here to enter text.**Position:** Click here to enter text.  |