|  |  |  |
| --- | --- | --- |
|  |  | HA Reference |
| App. No.:  |  |
| Submitted on:  |  |
| Assessed on: |  |

**Data Request Application**

**Form A (Expedited Approach)
(Aggregate Data on Singleton Live Births)**

External parties requesting for HA data shall complete this data request application form and provide the detailed specification of the data requirements. This includes the extraction criteria for patient selection from HA database and a list of requested data fields. For each data field, please also provide information regarding its relevance to the study objectives.

The requested data will be prepared in aggregated format, i.e. each data line will consist of a Data Measurement variable with breakdown by ALL selected Classification variables. **Important note**: HA adopt the threshold of "at least 5 observation units" underlining the cells in the tabulations. That is, a cell with underlying observations less than 5 units will be represented as ‘<5’.

|  |
| --- |
| **FOR HA USE ONLY** |
| **Comments from Central Panel on Administrative Assessment of External Data Requests** |
|  |

**Part 1: Extraction Criteria *(MUST complete this part as appropriate)***

|  |  |
| --- | --- |
| **Criteria** | **Requirement** |
| **1.1** Time Frame | *Please specify the start date and end date for data extraction:* |
| Date of birth of baby | from |   | to |   | (Inclusive) |
| yyyy-mm-dd | yyyy-mm-dd |
| **1.2** Maternal age at delivery | *Do you need to include maternal age in your extraction criteria?* |
| [ ] No | 🡪 Go to **Section 1.3** | [ ] Yes | 🡪 Complete the following as appropriate |
| *Please specify the required range of maternal age for data extraction:* |
| Maternal age at delivery  | from  |   | to |   | (Inclusive) |
| **1.3** Pay status of mother | *Do you need to include pay status of mother in your extraction criteria?* |
| [ ]  No | 🡪 Go to **Part 2** | [ ]  Yes | 🡪 Complete the following as appropriate |
| *Please specify the required pay status:* |
| [ ]  EP (Eligible Person)  | [ ]  NEP (Non-Eligible Person) |

**Part 2: Data Measurement *(Please select at least ONE data measurement)***

|  |  |  |
| --- | --- | --- |
| **Please specify your desired data measurement** | **Relevance to the study objectives** | **For HA USE ONLY** |
| Comments from Central Panel on Administrative Assessment of External Data Requests |
| [ ]  No. of singleton live births |  |  |

**Part 3: Classification Dimension *(Please select at least ONE classification dimension)***

| **Classification variable***[Please specify your desired classification dimension(s)]* | **Classification level** | **Relevance to the study objectives** | **For HA USE ONLY** |
| --- | --- | --- | --- |
| Comments from Central Panel on Administrative Assessment of External Data Requests |
| [ ]  Maternal age at delivery | Please specify the required age groupings in [***Note (i)***](#MatAge) |  |  |
| [ ]  District of residence of mother | 18 Districts |  |  |
| [ ]  Pay status of mother | EP (Eligible Person);NEP (Non-Eligible Person) |  |  |
| [ ]  Date of birth of baby | [ ]  Date (yyyy-mm-dd) |  |  |
| [ ]  Week (start from Sun to Sat)[ ]  Month (yyyy-mm)[ ]  Calendar year[ ]  Financial year *[Please select* ***ONE*** *appropriate box]* |  |  |
| [ ]  Gender of baby | Male; Female |  |  |
| [ ]  Birth weight | Please specify the required birth weight groupings in [***Note (ii)***](#BW) |  |  |
| [ ]  Gestation week | Please specify the required gestation week groupings in [***Note (iii)***](#GestWeek) |  |  |

|  |
| --- |
| **Principal Investigator Information** |
| **Signature:**  | **Date:**  |
| **Name:**  | **Tel:**  |
| **Title:**  | **Email:**  |
| **Department:**  |
| **Entity *Note (iv)*:**  |
| *Note (iv): Please state the full name of the entity, such as a university or charitable institution or organization. Names which only contain a faculty, department or division of any university, institution or organization are not acceptable.* |

**Note (i): Classification level** –Maternal age at delivery

Please specify the required classification level for age group

|  |  |
| --- | --- |
| **Age Group Name** | **Maternal age at delivery** |
| **From** | **To**  |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
|  |  |
| Example: |  |
| **Age Group Name** | **Maternal age at delivery** |
| **From** | **To**  |
| 0-18 | 0 | 18 |
| 19-39 | 19 | 39 |
| >=40 | 40 | 999 |

**Note (ii): Classification level** – Birth weight

Please specify the required classification level for grouping of birth weight

|  |  |
| --- | --- |
| **Birth Weight Group Name** | **Birth weight (in grams)** |
| **From** | **To**  |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
|  |  |
| Example: |  |
| **Birth Weight Group Name** | **Birth weight (in grams)** |
| **From** | **To**  |
| 0-5000 | 0 | 5000 |
| >5000 | 5001 | 99999 |

**Note (iii): Classification level** – Gestation week

Please specify the required classification level for grouping of gestation week

|  |  |
| --- | --- |
| **Gestation Week Group Name** | **Gestation week** |
| **From** | **To**  |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
| Click to enter text. |   |   |
|  |  |
| Example: |  |
| **Gestation Week Group Name** | **Gestation week** |
| **From** | **To**  |
| 0-38 | 0 | 38 |
| >38 | 39 | 99 |

**Illustration of Data Output:**

**Classification variable(s**)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of birth****of baby** | **Maternal age** **at delivery** | **Gender of baby** | **District of residence** | **Pay status of mother** | **Birth weight** | **Gestation week** | **No. of singleton live births** |
| 2017-08 | 0-64 | M | Yuen Long | EP | 0-5000 | 0-38 | 10 |
| 2017-08 | 0-64 | M | Yuen Long | EP | >5000 | 0-38 | 50 |
| 2017-08 | 0-64 | M | Yuen Long | EP | 0-5000 | >38 | 40 |
| 2017-08 | 0-64 | M | Yuen Long | EP | >5000 | >38 | 30 |

**Data Measurement**

**Classification level**

**Classification level**