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

**Data Request Application**

**Form B (Customized approach)**

External parties requesting for data from the Hospital Authority (“**HA”**) shall complete this data request application form to provide details on the research project, project team composition and data requirements, which includes the inclusion and exclusion criteria, and a list of requested data fields. For each data field, please provide an operational definition as well as information regarding its relevance to the study objectives.

**Part A: Project Details**

|  |
| --- |
| **Project Title** |
|  |
| **Study Objective** |
|  |
| **Expected Outcome** |
|  |
| **Project Start Date and End Date** |
|  |
| **Contact person** |
|  |

**Part B: Funding Details**

|  |  |
| --- | --- |
| **Funding Support for the Project:** | |
| Yes | Source of funding: |
| Under funding  consideration | Source of funding: |
| Expected date of funding approval: |
| Proceed with this request without funding support?  Yes  No |
| No | Please indicate how this request be financed: |

**Part C: Commercial Usage Declaration**

|  |  |
| --- | --- |
| **Will any requested data be used for Commercial Purpose(s) *Note 1*? If yes, please specify the details of such use by each relevant entity listed in Part D(i) below:** | |
| No  Yes, please specify below. | |
| **Name of Entity** | **Details of use** |
|  |  |
|  |  |
| *Note 1: “****Commercial Purpose(s)****” means that the intended use of data from the HA is (a) directly or indirectly for profit; and/or (b) to produce goods, works, services or data for generating income or other business use*. | |

Other than those stated in this part above, no entities listed in Part D(i) below, including any individual appointed or engaged by such entities for this Project, will use the requested data from the HA for any Commercial Purpose.

By signing on this form in Part D(ii) below, each of the team members and personnel involved in this Project:

1. acknowledges that it is his/her affirmative duty to refrain from, and to prevent others from, using the data for Commercial Purposes;
2. acknowledges that he/she has read the Personal Information Collection Statement provided and authorises the HA to collect and use his/her personal data / information provided in this application for processing of this data request and matters in relation to the Project and legal and regulatory compliance; and
3. acknowledges that the statements herein in relation to the Project and the entity which engages/appoints him/her are true and accurate to the best of his/her knowledge and is aware that any false, fictitious, inaccurate or fraudulent statements, declarations or claims may subject him/her to criminal, civil or administrative penalties.

**Part D: Project Team (including those who will access the data under this application) *Note 2***

*Note 2: The tables under this Part D are not exhaustive. If insufficient space is provided to state all entities and/or all individuals involved in the Project or if the post, role or function of any individual involved in your Project is not mentioned below, please provide the particulars and their signatures in separate sheets.*

1. **Entity(ies) *Note 3* involved**

|  |  |
| --- | --- |
| **Entity 1** | |
| Name |  |
| Role in the Study |  |
| Individual(s) appointed for / involved in the Project | Please refer to Part D(ii) below. |
| **Entity 2** | |
| Name |  |
| Role in the Study |  |
| Individual(s) appointed for / involved in the Project | Please refer to Part D(ii) below. |
| *Note 3: 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.* | |

1. **Individual(s) involved**

Principal Investigator

|  |  |
| --- | --- |
| **Principal Investigator (PI) *Note 4*** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| *Note 4: If the PI is a student, please also specify the details of his / her supervisor below.* | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |

Research team members

|  |  |
| --- | --- |
| **Research Team Member 1** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Research Team Member 2** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Research Team Member 3** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Research Team Member 4** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |

Other personnel (for example – representatives of project sponsors, coordinators, consultants, financial or technical support team), if any.

|  |  |
| --- | --- |
| **Project Sponsor Representatives** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Coordinator** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Consultant** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Financial Support Team** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |
| **Technical Support Team** | |
| Name (Prof/Dr/Mr/Mrs/Ms) |  |
| Title / Post / Rank |  |
| Department / Entity |  |
| Full Address |  |
| Tel No. |  |
| E-mail |  |
| Signature |  |

**Part E: Data Requirements**

|  |  |
| --- | --- |
| **Inclusion and exclusion criteria: (Please specify)** | |
|  | |
| **Type of data requested:** | |
| Patient-based records  Aggregate data  Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **FOR HA USE ONLY** |
| **Comments from Central Panel on Administrative Assessment of External Data Requests** |

**List of data fields / classification variables requested:**

(Either the data fields to be included in the patient-based records or the classification variables for the aggregate data)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of data field / classification variable** | **Description / Operational Definition**  **(Please specify format, grouping and classification as appropriate)** | **Relevance to the study objectives** | **FOR HA USE ONLY** |
| **Comments** |
| **e.g. Serial no. *Note 5*** | Project-specific serial number | (Please specify) |  |
| **Gender** | (Please specify) | (Please specify) |  |
| **Year of birth** | (Please specify) | (Please specify) |  |
| **Length of stay** | (Please specify) | (Please specify) |  |
| **Diagnosis** | (Please specify) | (Please specify) |  |
|  |  |  |  |
|  |  |  |  |
| *Note 5: Applicable to patient-based records only* | | | |

**Part F: Declaration by Principal Investigator**

I, the undersigned, hereby make this data request application and declare that all information provided in this application is complete and correct.

|  |  |  |
| --- | --- | --- |
| Signature | : |  |
| Name | : |  |
| Title / Post / Rank | : |  |
| Department | : |  |
| Entity | : |  |
| Date | : |  |