

Non Arthroplasty Hip Surgery Registry (NAHR)

DATA RELEASE REQUEST FORM

The NAHR protects the confidentiality of the information it receives, and maintain high-level data security procedures. Only non-identified data will be released. Applications should be e-mailed to the Chairman of NAHR Subcommittee (vikaskhanduja@aol.com).

SECTION 1

CONTACT DETAILS:

DATE:

PRINCIPAL REQUESTER:

BHS MEMBERSHIP NUMBER

TELEPHONE:

MOBILE:

EMAIL:

ORGANISATION:

ADDRESS:

SECTION 2

TYPE OF DATA REQUEST:

There are two types of data requests, each requires a different form to be completed: -

1. Requests seeking data analysis for an audit within a practice or organisation (Form A).
2. Requests seeking data analysis for a presentation or research project (Form B)

Any other organisations please contact the NAHR via the British Hip Society.

FORM A:

ALL SECTIONS OF FORM A MUST BE COMPLETED

REQUESTER/REQUESTING ORGANISATION (identify as appropriate):

NAME:

POSITION:

BHS MEMBERSHIP NUMBER (if applicable)

HOSPITAL:

GOVERNMENT DEPT:

OTHER (*PLEASE SPECIFY*):

IDENTIFY EACH INDIVIDUAL WHO WILL HAVE ACCESS TO DATA:

DETAILS OF AUDIT/DATA USAGE: *Please provide details of intended use of the requested data*

DATA ANALYSIS: *Tick data required as appropriate:*

NATIONAL DATA

REGIONAL DATA

Name region:

HOSPITAL DATA (AVAILABLE TO REQUESTING HOSPITAL ONLY).

Name hospital:

DATA (*Specify details of analysis requested – use another sheet if necessary*):

**YOU HAVE COMPLETED FORM A – DO NOT COMPLETE FORM B
FORM B:**

ALL SECTIONS OF FORM B MUST BE COMPLETED

REQUESTER/REQUESTING ORGANISATION (identify as appropriate):

CONSULTANT SURGEON:

BHS MEMBERSHIP NUMBER:

HOSPITAL:

ACADEMIC INSTITUTION:

OTHER (*PLEASE SPECIFY*):

IDENTIFY EACH INDIVIDUAL WHO WILL HAVE ACCESS TO DATA:

JOURNAL/CONFERENCE DETAILS:

Complete details (where applicable)

TITLE OF PUBLICATION:

PRINCIPAL AUTHORS:

CONFERENCE DETAILS:

DATE OF CONFERENCE:

COMMENTS:

DATA ANALYSIS: *Tick data required as appropriate:*

NATIONAL DATA

REGIONAL DATA

Name region:

HOSPITAL DATA (AVAILABLE FOR EMPLOYING/AFFILIATED HOSPITAL ONLY).

Name hospital:

DATA (*Specify details of analysis requested*):

RESEARCH PROJECT:

The NAHR **must be acknowledged** as the source of data in any publication in which the NAHR is significantly involved.

If any data are regarded as part of the core activity of the NAHR then **arrangements for formal collaboration must be discussed** with Chairman of NAHR.

A copy of the published material **must** be supplied to the NAHR.

RESEARCH PROJECT HYPOTHESIS:

BACKGROUND INFORMATION:

PRIMARY OBJECTIVES OF YOUR INVESTIGATION:

PRINCIPAL INVESTIGATOR:

NAME:

POSITION:

ORGANISATION/UNIT:

SIGNATURE:

DATE:

Please Note: The final version of a paper that has been prepared in collaboration with the NAHR must be provided to the Registry prior to it being submitted for publication.

DETAILS OF OTHER PERSON/S INVOLVED IN THE RESEARCH PROJECT:

NAME:
POSITION:
ORGANISATION/UNIT:

NAME:
POSITION:
ORGANISATION/UNIT:

NAME:
POSITION:
ORGANISATION/UNIT:

NAME:
POSITION:
ORGANISATION/UNIT:

NAME:
POSITION:
ORGANISATION/UNIT:

YOU HAVE COMPLETED FORM B – DO NOT COMPLETE FORM A