# TRIM No: ACI/D17/940

Form last update: 3/04/17

Review Date: 2026

# ITIM data REQUEST Form

The following is designed to assist the NSW Institute of Trauma and Injury Management (ITIM), an institute within the Agency for Clinical Innovation (ACI), to consider all data requests in a consistent and transparent manner. It is required for all new data requests from the NSW Trauma Registry. If you face any difficulties whilst completing this form or you would like to discuss your proposed project in more detail, please do not hesitate to contact the ITIM Data Officer, Hardeep Singh, at hardeep.singh@health.nsw.gov.au or +61 2 9464 4667.

**Data Request Type (you can select more than one):**

[ ]  Own Data - ‘back to notifier basis’ (Only need to complete sections 1 -4)

*e.g. “require data for local quality control or internal reporting”*

[ ]  Research (Please also complete the Research Section at the end of this form)

*e.g. “conducting research on brain injuries with the intent to publish the study findings”*

[ ]  Aggregate NSW Trauma Registry Minimum Data Set (MDS)

*e.g. “the number of women aged 45-64 years admitted to a NSW Trauma Centre with an ISS>12 from 2010-2012”*

Refer to Appendix 1 for the list of data elements in the NSW Trauma MDS

**1. Name of proposed project**

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**2. Name and contact details for lead individual proposing the project**

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| --- | --- | --- | --- |
| Family name |  | Title |  |
| Given name |  |
| Telephone |  | Email |  |
| Current Position  |  | Organisation |  |
| Address |  |

**3. Project description**

Please provide a succinct description of the aims, objectives and expected outcomes of the project (maximum 500 words).

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**4. Cohort description**

Please describe your cohort, specifying any exclusion/inclusion criteria.

*e.g. “cohort is all women aged 45-64 years admitted to a NSW Trauma Centre with an ISS>12 from 2010-2012”*

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Period of data request

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| ***From****:* Click here to enter a date. | ***To****:* Click here to enter a date. |

How is your cohort to be defined? (You can select more than one):

[ ]  Primary Injury Codes (ICD Codes)

[ ]  AIS Codes

[ ]  Demographic information

If your cohort is defined by Primary Injury Cause, please indicate the ICD code(s)

*e.g. “principal code is W19 for Falls”*

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If your cohort is defined by AIS, please indicate the AIS code(s)

*e.g. “records that have cervical spine fracture. Code – 650216”*

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Any other way to define cohort

*e.g. “all MDS records from 1 January 2012 to 31 December 2012 from my facility”*

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**5. Use of data**

How will the results be used/disseminated?

*e.g. “aggregated results are required to report back to each LHD for planning purposes”*

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**6. Consent, privacy and confidentiality**

Will consent be sought from study participants to use information collected about them?

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| Yes [ ]  | No [ ]  |

If Yes, please attach the consent forms and information sheets that will be used

How will the privacy of individuals be protected?

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**7. Data storage and retention**

Location

*List all locations where the data will be stored and analysed*

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Storage of data

*Please describe how the data will be stored during and after the project*

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Security plan

*Specify the measures taken to ensure the security of information from misuse, loss or unauthorised access during and after the project*

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Retention and disposal plan

*Specify the period of retention of the data following completion of the project and how the information will be destroyed*

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**8. Contact**

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| --- | --- |
| Name | Hardeep Singh |
| Current Position | Data Officer |
| Organisation | NSW Agency for Clinical Innovation |
| Telephone | (02) 9464 4667 |
| Email | Hardeep.Singh@health.nsw.gov.au |

**Internal Use:**

|  |  |
| --- | --- |
| Date Reviewed | Click here to enter a date. |
| Approved by | Choose an item. |
| Date data was provided | Click here to enter a date. |
| Initialled |  |

**The Research Section**

Complete this section only if data is requested for research purposes.

The following section will be evaluated by ITIM’s Research Advisory Committee (RAC). If you face any difficulties whilst completing this form or you would like to discuss your proposed project in more detail, please do not hesitate to contact the Secretary of the NSW ITIM Research Advisory Committee, Pooria Sarrami, at pooria.sarrami@health.nsw.gov.au or +61 2 9464 4679.

Note to the RAC members: Please also consider sections 1-3 in the above form.

**R4. Other investigators involved in the proposed research**

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| --- | --- | --- |
| Name | Position and Organisation | Role in study |
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**R5. Research approach**

Please provide a succinct description of the project methods, including data collection and main outcome measures (maximum 500 words).

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**R6. Significance, innovation and translation**

Please provide a succinct description (maximum 500 words) of:

* Why the proposed project is significant and will be of benefit to ACI and/or the
NSW Health System
* How the design, aims, methods and/or collaborative processes are novel and innovative
* How the project will be translated into improved clinical practice and policy

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**R7. What are the expected start and completion dates for the proposed project?**

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**R8. Please describe other supports that you may wish to request ITIM in addition to Data**

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| **Support type** | **Yes** | **No** | **Details** |
| ITIM’s endorsement | [ ]  | [ ]  |  |
| ITIM’s in kind support | [ ]  | [ ]  | If Yes, please use the below row to provide details of in-kind support e.g. brokerage, facilitation, distribution of surveys, ethics/ funding applications or study co-ordination (mention FTE) |
| ITIM’s financial support | [ ]  | [ ]  | If yes, please give a brief outline of the estimated research costs and how much financial support you are seeking from ITIM. |
| Details: |

**R9. References**

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**R10. Track record of research team**

Please provide a brief description of the track record for each investigator, including their role in the project, their qualifications and skills relevant to the project, career achievements and relevant publications.

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**R.11 Declarations**

1. We certify that all the investigators involved in the research project have read and approved this proposal.
2. We declare that
* We have not submitted, nor have any plan for submitting this proposal for evaluation to any other organisation.
* We have submitted the proposal to the following organisation:

Name of funder: date of submission:

* We plan to submit the proposal to the following organisation:

Name of funder:

1. We declare that:
* We have not started the implementation of the project before submitting the proposal.
* We have started the implementation of the project, but would need ITIM’s support for the continuation of the project.
1. We accept responsibility for the conduct of the research project detailed above in accordance with:
	1. the principles outlined in the National Statement on Ethical Conduct in Human Research (2007);
	2. the protocols and procedures as approved by Human Research Ethics Committees; and
	3. any other relevant legislation and regulations.
2. We understand that investigators are responsible for ethical, legal and safe conduct of the research project and ITIM will not be responsible on any ethical, legal and safety maters arising from this research.
3. We:
* declare not having any financial interest or other relationship with any commercial manufacturer or providers of commercial services related to the proposal and any financial supporters of the research.
* disclose financial interest or other relationship with commercial manufacturers or providers related to the proposal or a financial supporters of the research and will provide further information on a cover letter.
1. We acknowledge that, in the case of successful proposals, ITIM shall publish the investigator’s name, as well as the title, subject and location of the funded project on ITIM’s web page and reports.
2. We will provide Annual/Final reports to ITIM within 12 months of approval or upon completion of the project if earlier than 12 months (obligatory for in-kind and financial supports, optional for endorsement).
3. We will notify ITIM as soon as a significant change occurs in relation to this declaration.

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| Investigator’s name | Signature | Date |
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