



Data Manager Access Request Form

Surgeons can request creation of a separate account with restricted access for a nominated individual (Data Manager) to enter data onto a surgeon's account.

✓ A Data Manager Account **includes**:

- Access to the accounts of specific surgeon(s) and hospital(s), only with the permission of the surgeons concerned.
- Ability to enter new cases into the audit for these surgeons at those hospitals.
- Ability to view and edit any cases previously entered by those surgeons at those hospitals.
- Ability to see which cases are 'complete' and to download a list of 'incomplete cases'.

✗ A Data Manager Account **does not allow**:

- Access to any cases for surgeons/hospitals not on their allocated list.
- Access to any of the reporting facilities within the audit.
- Access to the Key Performance Indicator results.

If you wish to apply for Data Manager access, please complete and return to BreastSurgANZ Quality Audit Helpdesk at breast.audit@surgeons.org.

DATA MANAGER DETAILS

[To be completed by Data Manager]

I [_____] acknowledge that the audit is a declared quality assurance activity under laws in Australia and Aotearoa New Zealand and therefore certain information connected with and generated by the audit is confidential. I am aware that privacy laws (national and state) also carry certain obligations regarding patient information.

[Signature]

Email Address: _____

Contact Number: _____

Date: _____

DETAILS OF SURGEON (S)

[To be completed by Surgeon(s)]

Completing the below indicates you consent to the above individual being allocated a 'Data Manager' account that is linked with your own, which facilitates the levels of access summarised on the previous page.

Full Name: _____

[Signature]

Hospital Name: (1) _____

Hospital Name: (2) _____

Hospital Name: (3) _____

Date: _____

Hospital Name: (4) _____

Full Name: _____

[Signature]

Hospital Name: (1) _____

Hospital Name: (2) _____

Hospital Name: (3) _____

Date: _____

Hospital Name: (4) _____

Full Name: _____

[Signature]

Hospital Name: (1) _____

Hospital Name: (2) _____

Hospital Name: (3) _____

Date: _____

Hospital Name: (4) _____

Full Name: _____

[Signature]

Hospital Name: (1) _____

Hospital Name: (2) _____

Hospital Name: (3) _____

Date: _____

Hospital Name: (4) _____



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