

Data Request Form

The BreastSurgANZ Quality Audit (BQA) is a clinical audit, managed by the Morbidity Audits Department of the Royal Australasian College of Surgeons (RACS) under the direction of the Breast Surgeons of Australia and New Zealand (BreastSurgANZ), a specialty society for surgeons treating breast cancer.

Data is collected from surgeons regarding the treatment of patients with early and locally advanced breast cancer in Australia and New Zealand. The database comprises a significant bi-national information resource describing the treatment of these patients. The value of research based on audit data is well recognised by the BQA and will consider requests for raw or aggregated data for research purposes.

The BQA is a declared Quality Assurance Activity and is required to work within certain constraints. The BQA must protect the confidentiality of the information it receives, to respect the privacy and sensitivity of those to whom it relates and maintain high-level data security procedures.

Please note the following:

- The audit does not release data with identifiable patient information. If surgeon identified data is being requested written consent must be obtained from each surgeon concerned prior to this information being released.
- Requests may incur a cost, particularly if the analysis required for summary data is complex. An estimate of any cost will be provided before work commences.
- Acknowledgement of the BQA is required if research is published or presented publically (see <u>BQA</u> <u>Data Request Policy</u> for more information).

The <u>BQA Data Request Policy</u>, as well as details on the type of information being collected, is available on the RACS website: <u>www.surgeons.org/bga</u>. You can also contact the BQA helpdesk via the details below.

Please complete the form and send to the audit helpdesk. Your application will be presented to the BQA Committee for review (unless the request is from a surgeon who is requesting a simple extract of their own data).

RACS BQA helpdesk

Post:24 King William Street, Kent Town, SA, Australia 5067Phone:+61 8 8219 0918Email:breast.audit@surgeons.orgWeb:www.surgeons.org/bqa



BreastSurgANZ Quality Audit: Data Request

Name of principal requestor:		
Organisation:		
Postal address:		
Telephone:		
Email:		
Co-investigators:		
Request type: 🗌 New request	Extension Amendment	
Requestor status:		
BreastSurgANZ member	Researcher	
BQA participant	Trainee or student	
RACS Fellow	Other, please specify:	
Institution or purpose data is primarily re	quested for:	
Federal Government	Media	
State Government	Hospital	
□ Non-government organisation		
Public enquiry	Other, please specify:	
Commerial Entity (e.g. Pharmaceutical company)		
Date of request:	Date data required by:	
Please note: Data will not be available immediately. At least a four-week lead time between request and release to be expected.		
Why is the data required? Research (attach CV) Quality Assurance Planning/admin Reporting Other:		
Project objective:		

Methodology	:
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Intended output of project, including publications:

Type of information required:	Date range of requested data (e.g. 1/1/1999 – 1/1/2018):
De-identified raw data	
□ Surgeon identified data*	Other inclusion criteria (e.g. female only, specific region):
Tabulated/summary data	
*surgeon consent required	Other exclusion criteria (e.g. male, below 50 years of age):

Provide details of what BQA data or analysis is required. Give as much detail as possible, including specific BQA field names (use the <u>BQA data dictionary</u> for reference) preferred format for receiving data (e.g. xls, mdb, docx, etc.):

Data will be retained for a duration of: \Box 6 months \Box 12 months \Box 18 months \Box 24 months		
\Box other (please specify)		
Please note: the duration is to include the entirety of data analysis, manuscript preparation, acceptance and publication. All data is to be destroyed at the end of this period.		
Provide details of how data will be securely stored during use, and destroyed following retention period:		
Has approval for project been obtained from a Human Research Ethics Committee?		
\square Yes (attach approval and approved study documents)		
If no please provide justification:		

Acceptance of terms of release:

By completing this request, I acknowledge that:

- Any information I receive is confidential and will be secured and treated in a manner that complies with privacy and qualified privilege requirements
- I may only use the data for the purpose approved by the BQA Committee
- I must not disclose released data to any third party, combine with other datasets or link it with other data without specific approval from the BQA Committee
- I will acknowledge the source of released data in accordance with the BQA Data Request Policy
- I must apprise the committee of the progress of the project at the completion of the project and at six-monthly intervals for projects that continue for longer than six months
- If I am requesting data for research
 - I must provide the audit with a copy of the resulting report/manuscript for review by the BQA Committee 14 days prior to submission for publication or presentation.
 - I must also provide a short summary of the outcomes of this research to the BQA Committee in language easy to understand.
 - BreastSurgANZ reserves the right to publicise any publication based on audit data through their website, in their Newsletter or in the form a general media release.
- If I receive raw data
 - Approval for the use of the data will lapse on the proposed completion date. If data is required for analysis or publication after this date an amendment will need to be submitted to the committee for review and approval.
 - \circ Data must be kept for a minimum of five years post publication, if the data is published.

Name: _____

Signature: _____

Date: _____

Participant Consent:

If this request seeks release of data that 1) identifies an individual surgeon and/or 2) identifies a small group of surgeons consent will need to be provided by these surgeons prior to the data release.

By signing and dating below the surgeon consents to their data being provided in an identifiable manner for the project described in the above data request form.

Name:	
Signature:	Date:
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