NIHR Imperial Biomedical Research Centre

Data Access and Prioritisation Committee

Research Project Data Access Request Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title:** | |  | | | | | | | | | | | |
|  | |  |  |  | | |  |  |  | | | |  |
| **Named Project Lead (‘Requestor’) Details -** | | |  | |  |  | | | |  |  |  | | |  |
| **Title:** | |  | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | |
| **Email Address:** | |  | | | | | | | | | | | |
| **Phone Number:** | |  | | | | | | | | | | | |
| **Substantive Organisation Name:** | |  | | | | | | | | | | | |
| **Organisation Type:** | |  | | | | | | | | | | | |
| **Accredited Researcher Status:** | |  | | | | | | | | | | | |
|  | |  |  |  | | |  |  |  | | | |  |
| **Clinical Sponsor (‘Relevant Partner’):** *The name of the Clinician responsible for overseeing the project and ensuring that data use is appropriate and in line with the approval application. The clinical sponsor must hold a substantive or honorary contract with Imperial College Healthcare NHS Trust. Please note that a Clinical Sponsor must have an active role in the treatment of actual patients. The Project Lead cannot also act as the Clinical Sponsor for the same project; these roles must be held by different people.* | |  | | | | | | | | | | | |
| **Clinical Sponsor's Job Description:** | |  | | | | | | | | | | | |
| **Clinical Sponsor's NHS Email Address:** | |  | | | | | | | | | | | |
| **Please provide a statement of support from the Clinical Sponsor for this application, highlighting the opportunities for direct patient benefit (100 words max):** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Clinical Sponsor's Signature:** |  | | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | | |

|  |
| --- |
| **Technical Summary - please tell us the main purpose of the research project for which you are requesting the data:** |
|  |
| **Lay Summary - please provide a short lay summary of your project proposal (maximum 300 words):** | |
|  | |
| **Public Benefit Statement - how have you identified that this research question is a priority/of benefit for patients/the public?** | |
|  | |
| **What plans do you have to involve and engage with members of the public as part of this research project proposal?** *Please see the* [*Public Involvement Resource Hub*](https://www.imperial.ac.uk/patient-experience-research-centre/ppi/ppi-resource-hub/) *for guidance or contact the Imperial Patient Experience Research Centre on* [*publicinvolvement@imperial.ac.uk*](mailto:publicinvolvement@imperial.ac.uk)*.* | |
|  | |
| **Other Approval Committees - list all other decision-making bodies that the project has already been authorised by:** | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Please confirm that the metadata catalogue has been accessed for reference** | Yes |  |
| No |  |
| **Please specify the full Imperial College Healthcare NHS Trust dataset and data categories that you require having referenced the available metadata catalogue.**  **Please also specify if you require data that is not included in the current metadata tables. If so, have you discussed this with iCARE team? If you require access to data that is not included in the metadata catalogue, you will need to submit a data dictionary for your project, alongside this application. The data dictionary should include a full list of data items required, as well as data item definitions. New data requests must be discussed with the iCARE team before applications are reviewed by the Data Access and Prioritisation Committee.** | | |
|  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Does your project currently have research ethics?**  *Please note: ICHNT service evaluations and clinical audits do not require research ethics* | Yes |  |  |  |  |  |  |
| No |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Does you project need to link to other external datasets?**  **If so, please provide details below** | Yes |  |  |  |  |  |  |
| No |  |  |  |  |  |  |
|  | | |  |  |  |  |  |

|  |
| --- |
| **Please list all users who require have access to the data (Project Lead or otherwise):**  *Please note: anyone accessing data will need to meet the criteria for* [*Accredited Researcher Status*](https://www.gov.uk/government/publications/digital-economy-act-2017-part-5-codes-of-practice/research-code-of-practice-and-accreditation-criteria#section-b-accreditation-of-researchers-and-peer-reviewers)*. We will provide support for applicants to complete mandatory Information Governance training and then sign the relevant Terms of Use for Data. All applicants will be expected to have an undergraduate degree (or higher), including a significant proportion of mathematics or statistics, or be able to demonstrate at least 3 years quantitative research experience and be proficient in using data analysis and programming tools (such as SQL, R-Studio or Python).*  *If you are requesting access for more than two applicants, please provide the justification for this below.* |
|  |

|  |  |
| --- | --- |
| **Expected Project End Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is your project Commercially/Third Party Funded?\***  *\*If yes, a further discussion will need to be had regarding commercial Terms and Conditions* | | Yes |  |
| No |  |
| **By signing this form I confirm that all information included in this form is accurate, that all users who will be accessing data are listed in the form have completed Information Governance training and have agreed to the terms and conditions listed below. The clinical sponsor must hold a substantive or honorary contract with Imperial College Healthcare NHS Trust.** | | | | |
| **Name:** |  | | | |
| **Signature:** |  | | | |
| **Date:** |  | | | |

Please email completed forms to [Imperial.dataAccessRequest@nhs.net](mailto:Imperial.dataAccessRequest@nhs.net). NIHR Imperial BRC Data Access and Prioritisation Committee meetings take place monthly, usually on the last Friday of each month. To ensure review at the next Committee meeting, you will need to submit the form by 5pm of the Wednesday 16 days before the meeting.