**Researcher**: DAS PROJECT ID:

*(DAS to complete)*

**Contact no./Extension**

**Title of the project/study**:

**Sponsor origination:**

**Declaration**: I understand that there may be some fee involvement to get the data from Alfred Health Data Analytics Services for my study and that I have adequate funds to pay these:

Please check the box to acknowledge [ ]

**Services Required:**

[ ]  New registry for Australia or worldwide (See **the note below**)

[ ]  One time Data extraction from AlfredHealth

[ ]  Regular data from AlfredHealth

[ ]  Redcap (Alfred Health) – Single site study at Alfred Health

[ ]  Redcap (Alfred Health) – Multi site study (Alfred Health investigator initiated)

[ ]  Redcap (Monash) (single or Multi site study)

[ ]  Other (Please specify)

**Documents attached (Attach all that are relevant)**

[ ]  Project Overview (Protocol and/or low risk application)

[ ]  Data Dictionary / Minimum Dataset and values attached (Filename, version & date)

[ ]  Data management Plan (IT security team)

[ ]  Data storage & transmission methods

[ ]  Case Report Form (CRF) / Data Collection Form (Filename, version & date)

**Requestor:** \_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the above documentation and confirm that a REDCap Project / Data warehouse data will be made available on receipt of AlfredHealth Ethics Committee approval certificate/ AH site authorization letter and agreement on the required fee.

**DAS KM Manager :** \_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: (ONLY FOR REGISTRIES)** Alfred Health Site Principal Researcher to complete:

I understand that I have a reporting obligation to Alfred Health Medical Services after ethics approval. I have read and will comply with the [Alfred Health Governance Framework for Reporting on Clinical Quality Registry Outcomes](http://prompt.baysidehealth.intra:89/Search/SearchLibrary.aspx) .

**Site Principal Researcher:** \_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_