Data Custodian Request – <Name of Project>

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| *SESLHD holds data in a number of repositories and may be approached to approve release of data. The Chief Executive is the approver for release of all data. Approval to release data will be considered by the Director of Research in the first instance. The Director of Research will provide advice to the Chief Executive in accordance with the research governance requirements of SESLHD and relevant policies, procedures and legislation This briefing form is to be submitted to the research office and approval sought prior to the release of any data held by SESLHD. Data must not be released without approval, regardless of status of ethics approval.* |
| **Recommendation** | That the Chief Executive approve the data held <identify where held> for the purpose of <insert Name of Project>  |

# Request/Project Details *(fill out all sections or indicate n/a)*

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| --- | --- |
| **REGIS PID Ref No** |  |
| **CPI** |  |
| **REGIS SSA Ref No** |  |
| **PI** | [PI to sign declaration on last page of this document] |
| **Applicant’s mobile No.:** |  |
| **Applicants email address:**  |  |
| **Study Title** |  |
| **Summary of Study** | * *Aim/objective*
* *If study has been approved by a HREC external to SESLHD, (state LHD/date of approval)*
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| **Ethics approval Committee**  |  |
| **Sponsor** |  |
| **Funding** |  |
| **If collaborative, name collaborative organisations involved****(Key policy and practice stakeholders relevant to this request)** |  |
| **SESLHD data will be accessed and secured by** | <name/s and employees of which organisation> |
| **Storage duration** | <how long will data be stored> |
| **Storage Platform** |  |
| **Data being transferred directly from** | <please specify SESLHD staff member’s name/role and from which platform> |
| **Name of SESLHD Staff member and role title responsible for the data preparation and transfer** |  |
| **Data being transferred to**  | <please specify name of person receiving the files/ their role title/organisation> |
| **Data transfer solution** | <how is data being transferred outside of the district> |
| **Status of Data leaving SESLHD** | * Identifiable
* Non identifiable <i.e.: cannot extract specific participant’s data on revocation of consent> Please specify the de-identification process.
* Re-identifiable <Please state code key holder’s name and how this will be stored and secured>
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| **Number of patient files that data will be extracted from** |  <total number of patients from which the data will be extracted from and if appropriate; types of files for each patient> |
| **Supporting documents****Such as: Material Transfer Agreement**  | <All data leaving the district will require the district’s data custodian approval for the release of data. A material transfer agreement is required for the agreement between both parties for the transfer of the data. Please email the SESLHD Research office for the latest template SESLHD-RSO@health.nsw.gov.au>  |
| **Supporting documents** | [HREC approved protocol with reference to pages re data][if relevant, survey questions or data dictionary] |
| **Key issues/further information**  | <Please ensure that the form is filled to facilitate review and avoid unnecessary delays> |

# Contact

<<Name, Position, Phone>>, Date

***Confidentiality undertaking on following page must be signed and accompany this request. Approval will not be provided if the undertaking is not signed.***

# APPROVAL

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| --- |
| **Submit to SESLHD Research Office** **SESLHD-RSO@health.nsw.gov.au** |
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| Name: Georgina Hold | Director Research | Date: |

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| Once approved by the Director and Chief Executive, the data custodian approval and material transfer agreement will be submitted and reviewed within the governance application. **<If not approved return to author>** |
| Under clause 17(2) of the Health Administration Regulation 2020, this data may be released with my approval. I am pleased to advise that access to the data has been granted for the purpose of <name of project>.**CHIEF EXECUTIVE** | **Date:** |

**Following approval by Chief Executive, Executive Services return to contact person / author.**

**Date dispatched:**

Data Access Request

***Confidentiality Undertaking***

I/We, <PI’s name/s>, <position/s>, understand that, in receiving data of the <name of project> Data Collection, I will have access to confidential data, which includes personal and health information in respect of individual persons.

I undertake strictly to preserve the confidentiality of this data and understand that the disclosure of information may constitute an offence under section 22 of the *Health Administration Act 1982*.

I understand that I must comply with the conditions described in the Approval Under Clause 17(2) – Disclosure of Information.

I agree to ensure that any individuals working on the above project is aware of the provisions of this undertaking and the need to comply with them. I further agree that any report that is derived from the data will present information in an aggregate form only and that no personal information, or personal health information, will be included in any report.

**Signed: Date**

**<name of PI and site>**

**<signature>**

*<A signature is required for each site – please duplicate or delete for the number of Principal Investigators/sites required>*

**Signed: Date:**

**<name of PI and site>**

**<signature>**

*Version 2 DCR template, 31 Oct 2024*