



Request for Record-Level Data

- **Request Number:** _____
- **Date Received:** _____

General Information

You are advised to contact DHIR staff prior to completing this form to discuss your data requirements.

DHIR will review all requests for data to ensure protection of confidential information. You will be informed of the outcome in due course.

Before data release, requestors must read, sign, and agree to comply with the ***Policy for Requests for Record-Level Data Files***.

Please note that on a case-by-case basis, DHIR may require you to seek authorisation from the respective institutions for the release of institution-identifiable data.

DHIR processes personal information in accordance with the Data Protection Act 2018. Information submitted will be used only to process your request and retained for a maximum of 5 years for audit purposes.

PART 1 — Principal Requestor / Principal Investigator

- **Full Name and Title:** _____
- **Address:** _____

- **Title / Designation:** _____
- **Organisation / Department:** _____
- **Address (if different from above):** _____

- **Position: Staff Member / Student* / Other (specify)** _____

* Please attach a letter from your academic head confirming that:

- The research is supported, and you are capable of completing it.
- You are enrolled in a diploma / graduate programme, and the research contributes to diploma / degree requirements.

- Telephone: _____
- Fax: _____
- Email: _____

PART 2 — Data Requested

Description of Data Needed

Time Period Required _____

Data Elements Requested and Rationale

Data Element	Rationale

N.B. In the case of larger data requests, kindly attach a list of the data elements requested with the respective rationale.

Target Date for Receipt of Data _____

PART 4 — Identifiable Data & Privacy

Please justify the need for case-based data as opposed to aggregate data (write N/A if not applicable).

Please justify why identifiable record-level data is requested as opposed to pseudonymised or preferably, anonymised data (write N/A if not applicable).

Does the project involve children or persons unable to provide informed consent? **Yes / No**

If yes, explain necessity: _____

Consent & Authorisations

Have you obtained consent from subjects and authorisation from institutions? **Yes / No**

If yes, attach forms.

If no:

- Provide planned method of obtaining consent OR
- Explain why obtaining consent is not feasible

Is disclosure required by law? If yes, cite specific Article/s in the Law.

Does your organisation have a privacy policy? Yes / No

If yes, attach a copy.

Will the project involve data linkage? Yes / No

If yes:

- Data to be linked: _____

- Rationale: _____

How do you intend to disseminate and/or publish the results of your analysis?

What is the expected date of dissemination and/or publication?

Describe how you will ensure that data will be aggregated prior to disclosure?

PART 5 — Termination Clause

By signing this form, I acknowledge that failure by myself or any individual listed in Part 6 to comply with the Policy will result in:

1. Return of all DHIR-provided data.
2. Responsibility for destruction of all copies.
3. Bearing liability for any required reporting to the Ethics Committee, Data Protection Commissioner, etc., and any potential legal proceedings.

Signature of Requestor: _____

Date: _____

PART 6 — Individuals Requiring Access to the Data

Please complete Part 6 for each person (e.g. co-investigator, research staff, etc.) who would have access to the requested identifiable data. Additions or substitutions at a later date require DHIR's prior written authorisation.

All members of the research team who may use personal medical information should be placed under a duty of confidentiality equivalent to that of a health professional.

Prior to the approval of this request and before DHIR will release the requested information, the requestor and each individual listed in this Part must sign the **Policy for Requests for Record-level Data Files**.

- **Name, Surname, Title:** _____
- **Position:** _____
- **Address:** _____
- **Organisation:** _____
- **Telephone:** _____

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- **Telephone:** _____

For Official Use Only

- **Permission from relevant authorities:** Yes / No
- **Ethics approval needed:** Yes / No

Date In: _____ **Collected By:** _____

Date Out: _____ **Processed By:** _____

Type: Customised Agreed Timeframe: _____