

DATA REQUEST FORM: NSW Pap Test Register (PTR)



Please **COMPLETE** and email this form to: data@cancerinstitute.org.au

SECTION 1: Requestor details

First Name: Surname:
Organisation: Position:
Address:
Suburb: State: Post Code:
Phone: Email:
Request Date: Click here to enter a date.
Request Due Date: Click here to enter a date.

SECTION 2: Please state briefly the reason you require NSW Pap Test Register (PTR) data, including how you plan to use or release this data.

SECTION 3: Do you have ethics approval for your research project?

Yes – Approved (please attach submission & approval) Pending Approval (please attach submission)
 No – Ethics Approval yet to be submitted (please send copy once submitted/approved) Ethics Approval not required

SECTION 4: Do you intend to publish your research project?

Yes No
 Not applicable

If yes please provide an estimate of the publication date: Click here to enter a date.

SECTION 5: What type of data do you require? *Select from the drop down menu*

Participation Data Select an item Biennial Triennial
Unit Record Data Select an item Please attach list of required variables
Cytology Data Select an item Please specify data required
Histology Data Select an item Please specify data required
HPV DNA Data Select an item
Other Data:

SECTION 6: What is the time period required? *Select from the calendars below*

From: Date To: Date
Do you need the data grouped by:
 Month Financial Year Calendar Year
Other:

SECTION 7: Do you require the data segmented/filtered by age?

From Enter minimum age To: Enter maximum age
Do you need the data grouped by?
 20-69 20-49, 50-69 10 year age group
Other:

SECTION 8: Do you require the data segmented/filtered by a geographic variable?

Please specify the LHDs/LGAs/Medicare Locals you require: [Click here to enter text.](#)

Do you need the data grouped by:

- | | |
|--|--|
| <input type="checkbox"/> Local Health District (LHD) | <input type="checkbox"/> Primary Health Networks |
| <input type="checkbox"/> Local Government Area (LGA) | <input type="checkbox"/> Post Code |

Other:

SECTION 9: Conditions of release

I agree that this data, or analysis resulting from this data, will not be released publically without express written approval from the Cancer Institute NSW. Data custodian approval for provision of this data does not constitute approval for public release of the information provided, unless public release is declared in Section 4.

Requestors Signature

Date

NSW PTR Data Custodian Signature

Approved

Date

TRIM Reference (Office use only): Enter TRIM Reference Number