

Audit

Data Request Form



The Australia and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA) Audit is a clinical audit, managed by the Morbidity Audits Department of the Royal Australasian College of Surgeons (RACS) under the direction of ANZGOSA, a specialty society for surgeons treating diseases of the stomach, oesophagus, and upper gastrointestinal tract.

Data are self-reported by individual surgeons or institutions regarding the treatment of patients with oesophago-gastric cancer or gastrointestinal stromal tumour (GIST) in Australia and New Zealand. The database comprises a significant information resource describing the treatment of these patients. The value of research based on audit data is recognised and ANZGOSA will consider requests for information and special reports for research purposes.

The ANZGOSA Audit is a declared Quality Assurance Activity and is required to work within certain constraints. The ANZGOSA Audit must protect the confidentiality of the information it receives to respect the privacy and sensitivity of those to whom it relates and maintain high-level data security procedures.

Please note the following:

- The audit does not release patient identified data. If surgeon identified data are requested, you must ensure that each surgeon concerned has signed their consent for this information to be released.
- Requests may incur a cost, particularly if analyses are complex. An estimate of any cost will be provided before work commences.
- Acknowledgement of ANZGOSA is required if research is published or presented publicly (see ANZGOSA Data Request Policy for more information).

The ANZGOSA Data Request Policy, as well as details on the type of information being collected, is available on the RACS website: www.surgeons.org/anzgosa. You can also contact the audit helpdesk via the details below.

Please complete the form and send to the audit helpdesk. Your application will be presented to the ANZGOSA Audit Steering Committee for review (unless it is a simple data extraction request by a surgeon requesting their own data).

RACS ANZGOSA helpdesk

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Fax +61 8 8219 0999

Email anzgosa.audit@surgeons.org

Web www.surgeons.org/anzgosa



ANZGOSA Audit: Data Request

Name of principal requester:	
Organisation:	
Postal address:	
Telephone:	Fax:
Email:	
Requesting committee/organisation <input type="checkbox"/> ANZGOSA member <input type="checkbox"/> ANZGOSA Audit participant Reporting surgeon / insitution: _____	
<input type="checkbox"/> RACS Fellow <input type="checkbox"/> Trainee or student <input type="checkbox"/> Public enquiry <input type="checkbox"/> Commercial entity (e.g. pharmaceutical company) <input type="checkbox"/> Non-government organisation <input type="checkbox"/> Hospital <input type="checkbox"/> University <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Media <input type="checkbox"/> Other, please specify	
Date of request:	Date data required:
Why are the data required? <input type="checkbox"/> Research <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Planning/admin <input type="checkbox"/> Reporting <input type="checkbox"/> Other:	
Please briefly state the reason you require data from the ANZGOSA Audit, including the research question, if applicable:	

Type of data required: <input type="checkbox"/> Analysis <input type="checkbox"/> Tabulations/summary data <input type="checkbox"/> De-identified data files <input type="checkbox"/> Surgeon identified data* *surgeon consent required	Years required: Other criteria e.g. adenocarcinoma only, specific region etc.:
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Describe what data or analysis is required. Include as much detail as possible (e.g. data items, cross tabulations etc.).

Consent:

If this request seeks release of data that 1) identifies an individual surgeon and/or 2) identifies a small group of surgeons, the surgeon(s) concerned need to consent to their data being released in the way described in this form **by signing and dating below:**

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date: