Discover Retrospective Study Application Form

This application form will enable North West London NHS and academic researchers access to run retrospective studies on de-identified data from the WSIC linked data set. This form will be reviewed by the Discover Research Access Group which meets monthly, and timeframes for approval will be advised by the Discover Team. Following approval of this form you will be required to sign our data access agreement.

You will be provided with a quote for the data by the Discover Team once the application form has been received.

To apply, please complete this form and any supporting documentation. If you have queries please contact us either via [researchers@registerfordiscover.org.uk](mailto:researchers@registerfordiscover.org.uk) or by telephone on 08000 288 480.

|  |  |
| --- | --- |
| Name |  |
| Employer |  |
| Site/ address |  |
| Email address |  |
| Phone number |  |
| Job title(s) |  |
| Evidence of employment |  |
| Evidence of R&D support |  |
| Evidence of up to date information governance training compliance and any additional training |  |
| Evidence of MRC training |  |

|  |  |
| --- | --- |
| Study coordinator details (if different from above) | |
| Title/ full name |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Chief Investigator Details (if different from above) | |
| Title/ full name |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Local PI (s) |  |

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| --- | --- |
| Research study details | |
| Project working title/ acronym |  |
| Is this a commercial or academic study? |  |
| Please tick which field the study falls into | Pharmaceutical  Diagnostic  Biotech  Digital  Data  Academic  Other |
| Do you have NHS ethics approval for using Discover for your study?  Please upload a copy of ethics approval letter as well as your Protocol and PIL | Yes  No  Rec Reference:  Protocol number:  If no – please state why ethics is not required |
| Do you have R&D approval for your study? | Please state R&D number:  Please include copy of R&D approval letter |
| What is the cohort size required? |  |
| Duration of study | Start date: End date: |
| Project details – (~500 words) (Objective, primary and secondary end points, principle research question, scientific justification, target publication) |  |
| What is the expected patient benefit to be achieved by running this study? |  |
| Inclusion Criteria | Exclusion criteria |

|  |  |
| --- | --- |
| Funding details | |
| Funder (please state source of funding) |  |
| Non commercial funding | Yes or no |
| Commercial funding | Yes or no |
| Other (please explain) |  |
| Funding amount |  |
| Grant award date |  |
| Name of sponsor |  |

|  |  |
| --- | --- |
| Additional services – please tick if any required | |
| Study design |  |
| Data analysis plan |  |
| Data tables |  |
| Report including: hypothesis, methodology, results, conclusion |  |
| Publication with local KOL |  |
| Commissioner’s report |  |