

Yorkshire Specialist Register of Cancer in Children and Young People

# Data Request Form

# Request for information from the Cancer Register

## YOUR DETAILS

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Place of Work** |  |
| **Address** |  |
| **Telephone No.**  |  |
| **Email** |  |
| **Date request submitted** | **\_\_\_/\_\_\_/\_\_\_\_\_\_** |

## YOUR REQUEST

|  |  |
| --- | --- |
| **What information do you require?**Please identify cancer diagnoses, period, age range required etc. |  |
| **Why do you need this information?** |  |
| **What will you do with this information?** |  |
| **When do you require this information by?** | **\_\_\_/\_\_\_/\_\_\_\_\_\_**  |
| **Any other relevant information?** |  |

Please complete this form and return it to **Dr Richard Feltbower** by email:**r.g.feltbower@leeds.ac.uk**

or by post to:
**Leeds Institute for Data Analytics
Worsley Building
Clarendon Way
Leeds**

**LS2 9JT**

**If you want to discuss this please contact Richard Feltbower** by email: **r.g.feltbower@leeds.ac.uk**

**To be completed by the Register Manager**

|  |  |
| --- | --- |
| **Approval date** |  |
| **Who dealt with request** |  |
| **Total time spent on request** |  |
| **Date data/ info provided** |  |
| **Amount invoiced (if applicable)** |  |

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Yorkshire Specialist Register of Cancer in Children and Young People

# Data Request Form

# Request for information from the Cancer Register for Research Purposes

## YOUR DETAILS

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| --- | --- |
| **Name** |  |
| **Position** |  |
| **Place of Work** |  |
| **Address** |  |
| **Telephone No.**  |  |
| **Email** |  |
| **Date request submitted** | **\_\_\_/\_\_\_/\_\_\_\_\_\_** |

## YOUR REQUEST

|  |  |
| --- | --- |
| **What is the aim of your research study?** |  |
| **What data do you require?**Please identify cancer diagnoses, period, age range required etc. |  |
| **Why do you need this data from the Cancer Register?** |  |
| **What do you intend to use this data for?** |  |
| **Who else will be involved in the project?** |  |
| **What will you do with your results?** |  |
| **Proposed timescale of project?** |  |
| **Is your research funded?** |  |
| **If so, by whom?** |  |
| **Does your research require ethical approval?** |  |
| **If so, has it been granted?** |  |
| **Is your research compliant with Research Governance issues?** |  |
| **When do you require this information by?** | **\_\_\_/\_\_\_/\_\_\_\_\_\_**  |
| **Any other relevant information?** |  |

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