



**Welcome to Medical Research Services**

For general enquiries regarding Medical Research Services please telephone  
0845 300 6016 (England & Wales), or 01387 259823 (Scotland).

If you encounter any problems using this form please contact the Medical Research  
Applications Manager on 0151 471 4557, or email [mris@ic.nhs.uk](mailto:mris@ic.nhs.uk)

Any feedback on ways to improve this form would be much appreciated.

Date of Application

## Application to use Individual Records for Medical Research

Please enter the title of your study in no more than 50 words (including spaces).

**NOTE: This will be the title by which the study will be referred to in any publication**

### Section A – Research Staff

1. Please specify in the boxes below the head of research unit/department or other leading researcher.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Qualifications relevant to research in question					
<input type="text"/>					
Address					
<input type="text"/>					
Postcode	<input type="text"/>	Tel	<input type="text"/>		
Email	<input type="text"/>	Fax	<input type="text"/>		

Is the Principal Contact for the study the person named above?

(Please tick)

Yes

[Go to question 3](#)

No

[Go to question 2](#)

[Go back to previous page](#)

[Go to next page](#)

2. Please specify the name of the principal contact in the box below.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Qualifications relevant to research in question					
<input type="text"/>					
Address					
<input type="text"/>					
Postcode	<input type="text"/>	Tel	<input type="text"/>		
Email	<input type="text"/>	Fax	<input type="text"/>		

*Please note that we will send all material to this person, **including invoices**, unless advised differently.*

3. Please state, in full, who the invoices should be sent to if it is not the principal contact.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Address					
<input type="text"/>					
Postcode	<input type="text"/>	Tel	<input type="text"/>		
Email	<input type="text"/>	Fax	<input type="text"/>		

[Go back to previous page](#)

[Go to next page](#)

4. Please specify the details of any principal co-workers in the boxes below.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Qualifications relevant to research in question					
<input type="text"/>					
Address					
<input type="text"/>					
Postcode	<input type="text"/>	Tel	<input type="text"/>		
Email	<input type="text"/>	Fax	<input type="text"/>		

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Qualifications relevant to research in question					
<input type="text"/>					
Address					
<input type="text"/>					
Postcode	<input type="text"/>	Tel	<input type="text"/>		
Email	<input type="text"/>	Fax	<input type="text"/>		

*Please complete details on a separate sheet if there are additional principal co-workers.*

[Go back to previous page](#)

[Go to next page](#)

5a. Do you have a sponsoring organisation?

(Please tick)

Yes

No

[Go to question 5b](#)

[Go to question 6](#)

5b. Please specify

Name of Sponsor	
<input type="text"/>	
Address	
<input type="text"/>	
Period of grant	<input type="text"/>
Date of start of grant	<input type="text"/>

**Section B – Ethical and Data Storage Considerations.**

6. In no more than 200 words please state why you need individual patient or cancer registration data for this study:

**Permission to obtain data**

7a. Has written permission been obtained from:

(Please tick all that apply)

Consultants

GP's

Individual Patients

[Go back to previous page](#)

[Go to next page](#)

Please give a brief description of the consent sought. If consent was not sought please give a brief description of why not. (In 200 words or less)

**7b.** Have the relevant ethics committees been consulted?

*(Please tick)*

Yes

No

If No please specify why not?

[Go back to previous page](#)

[Go to next page](#)

8. How long do you expect the study will last?

(Please tick one)

1-5 years

5-10 years

10-15 years

15 or more years

### Section C - Security of data

9a. Who will be responsible for ensuring the 'security and confidentiality' of the data?

Title

Initials

Surname

Qualifications relevant to research in question

9b.

Where will the data be stored?

In what form will the data be stored?

How long will the data be stored?

[Go back to previous page](#)

[Go to next page](#)

**9c.** Please give the registration number under which the data will be held in compliance with the **Data Protection Act 1998**.

**Registration number:**

**9d.** Once the study has been completed:

i) Will the data be kept?

*(Please tick)*

Yes

No

[Go to question 9d. ii](#)

[Go to question 9e](#)

ii) How will the data be kept?

iii) How long will the data be kept?

iv) Why will the data be kept?

**9e.** Will all named information be destroyed once analyses are complete?

*(Please tick)*

Yes

No

[Go to question 9f](#)

If no, please specify the reason and what will happen to the data

[Go back to previous page](#)

[Go to next page](#)

**9f.** State those who will have access to the information during the study that have not already been mentioned.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Role within research					
<input type="text"/>					

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Role within research					
<input type="text"/>					

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Role within research					
<input type="text"/>					

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Role within research					
<input type="text"/>					

*Please complete details on a separate sheet if there are additional principal co-workers.*

[Go back to previous page](#)

[Go to next page](#)

**9g.** Will there be any security measures/precautions taken while the study is being conducted?

*(Please tick)*

Yes

No

If **yes** please specify

If **no** briefly explain why

[Go back to previous page](#)

[Go to next page](#)

**Section D – Study Aims, Background and Methods**

10. State what the **aims** of the study are in less than 200 words.

**NOTE:** The potential value and public interest of the research are important factors taken into account when considering requests.

11. State what the **background** of the study is in less than 200 words.

12. Give a **detailed** outline of the study methods, being specific about **what you require of us** and clarify how you will **use the data we supply** in less than 400 words.

[Go back to previous page](#)

[Go to next page](#)

**13a.** Please indicate whether you will use the information we provide to make direct contact with the following:

*(Please tick all that apply)*

- Hospital Consultants
- Other staff in hospital where study subjects are treated
- General Practitioners of study subjects
- Study subjects found to be alive
- Relatives of study subjects
- Other party
- No party to be contacted



[Go to question 14](#)

**13b.** How will contact be made?

*(Please tick all that apply)*

- Letter
- Phone
- Other

If other please specify

[Go back to previous page](#)

[Go to next page](#)

## Section E – Identification of Study Population

**14a.** Do you wish to identify your study population/control group from an ONS/GROS source?

*(Please tick)*

Yes

No

[Go to question 14b](#)

[Go to question 15](#)

**14b.** Which of the following ONS/GROS sources do you wish to identify your study population/control group from?

*(Please tick all that apply)*

Death records

Birth records

Cancer registrations

Census records (England & Wales only)

Scottish Registration System (SRS) (Scotland only) SEE NOTE

**1939 National Register at NHSCR, identifying study members by:**

Area

Occupation

Household

Other

**NOTE: Scottish Registration System (SRS) holds all registered births, deaths and marriages since 1855, and divorces since 1985.**

[Go back to previous page](#)

[Go to next page](#)

**14c.** Please select from the following, the criteria you would like us to use to select your study population:

*(Please tick all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Year                                   | <input type="checkbox"/> Cause (underlying) (deaths only) |
| <input type="checkbox"/> Cancer site code (cancers only)        | <input type="checkbox"/> Geographical Area                |
| <input type="checkbox"/> Selected sample (e.g. sample of twins) | <input type="checkbox"/> Other criteria                   |

If other please specify

**14d.** Please give us a brief list of the variables that you wish us to supply.

[Go to question 17b](#)

**15.** Which of the following sources did you identify your study population/control group from?

*(Please tick all that apply)*

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Employee records      | <input type="checkbox"/> Hospital records                      | <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> GP records |
| <input type="checkbox"/> Survey questionnaires | <input type="checkbox"/> Health authority/Health board records | <input type="checkbox"/> Other           |                                     |

If other please specify

[Go back to previous page](#)

[Go to next page](#)

16. Where do your study population reside?

(Please tick all that apply)

England & Wales

Scotland

Please specify how many?	England & Wales	<input type="text"/>	Scotland	<input type="text"/>
What % were alive on 01/01/1991 (England & Wales only)	<input type="text"/>			
What % were alive on 01/01/1994 (Scotland only)	<input type="text"/>			

17. To the best of your knowledge, what **percentage** of your total study population, do you have the following details:

	%
• NHS Number	<input type="text"/>
• NHS Number (Post 1995 – 10 digit no.) (England and Wales only)	<input type="text"/>
• The Community Health Index Number (CHI Number) (Scotland only)	<input type="text"/>
• Surname	<input type="text"/>
• Forenames	<input type="text"/>
• Initials	<input type="text"/>
• Sex	<input type="text"/>
• Date of Birth	<input type="text"/>
• Place of Birth	<input type="text"/>
• Maiden surname of married women	<input type="text"/>
• Last known address (and/or postcode) And date address was valid.	<input type="text"/>
• Date of Death	<input type="text"/>

17b. Once we have identified your study population, do you wish to use our services further?

(Please tick)

Yes

No

[Go to question 18](#)

[Go to question 25](#)

[Go back to previous page](#)

[Go to next page](#)

**Section F – How can ONS, GROS, and ISD help you?**

**18a.** Do you require your study population to be flagged on the NHSCR?

*(Please tick)*

Yes

No

[Go to question 18b](#)

[Go to question 18c](#)

**18b.** Please select the type of study, followed by the details you require:

*(Please tick all that apply)*

Death records

Cancer registration records

***Please note: Any project which receives cancer data must have a medically qualified person fully registered with the GMC who agrees to take clinical responsibility for the data.***

The health area in which the study member is currently registered (if still alive)

Details if the last posting is an 'exit' from the NHS i.e they are removed from GP's list

[\(Go to question 18c\)](#)

[Go back to previous page](#)

[Go to next page](#)

**18c.** Do you require your study population to be traced on the NHSCR?

*(Please tick)*

Yes

No

[Go to question 18d](#)

[Go to question 19](#)

**18d.** Please select the type of study, followed by the details you require:

*(Please tick all that apply)*

Death records

The health area in which the study member is currently registered (if still alive)

Details if the last posting is an 'exit' from the NHS i.e they are removed from GP's list

[\(Go to question 19\)](#)

[Go back to previous page](#)

[Go to next page](#)

**Section F (a) – Study Characteristics**

**19a.** Please select from the following categories, the one that best suits your study:

*(Please tick one)*

**i) Study of the effects of health hazards**

Occupational risk

[Go to question 19c](#)

Environmental risk i.e (non-occupational) exposure to a hazard

Therapeutic risk i.e The effects of a potentially hazardous medical exposure

**ii) Study of the effectiveness of therapy screening**

**iii) Health & Behaviour survey i.e exposure to a specific behaviour, e.g alcohol, tobacco, drugs, lifestyle etc**

**iv) Genetic Study**

**v) Study of epidemiology and natural history of a disease/condition**

**19b.** Please specify, and give details of the type of disease or type of exposure that you are looking at, dependant on the type of study you selected above

[Go to question 20a](#)

**19c.** Please specify the trade, occupation or workplace of the occupational group you are studying

[Go back to previous page](#)

[Go to next page](#)

**19d.** Is this group:

*(Please tick)*

A sample for the study

[Go to question 20a](#)

Thought to be exposed to a hazard

[Go to question 19e](#)

**19e.** Have the workforce or their representatives approved the proposed study?

*(Please tick)*

Yes

No

**19f.** If yes please give details of the agreement made:

If no please give details of why an agreement was not made:

**19g.** Do you wish to publish the results of the study?

*(Please tick)*

Yes

No

[Go back to previous page](#)

[Go to next page](#)

**Section F (b) – Demographic Characteristics**

**20a.** Please select the boxes below that describe your study population

*(Please tick all that apply)*

- All male     All female     Both sexes     Specific geographical area  
 Particular age group(s)

**20b.** Does your study investigate any other family members?

*(Please tick)*

- Yes     No

[Go to question 20c](#)

[Go to question 21](#)

**20c.** Please select which other family members you investigated.

*(Please tick all that apply)*

- Spouses     Widow/widowers children  
 Twins or other multiple siblings     Siblings  
 Parents     Children  
 Other

If other please specify

[Go back to previous page](#)

[Go to next page](#)

21. Which of the following additional services do you require?

*(Please tick all that apply)*

- Death records for named subjects for whom full dates of death can be supplied by you?
- Birth data for named subjects?
- The 'List cleaning' service provided by NHSCR
- The 'Members and Postings' service provided by NHSCR (flagging studies only)

**22a. NOTE: This service is only available in Scotland. If you are conducting the survey in England/Wales go to question 24.**

Do you require Record Linkage?

*(Please tick)*

Yes

No

[Go to question 22b](#)

[Go to question 24](#)

22b. Please tick the Record Linkage you require

*(Please tick all that apply)*

- You supply cases to be linked with the national datasets held by the Information Statistics Division (ISD)
- Linkage of different Scottish morbidity record types
- Other

If other please specify

[Go back to previous page](#)

[Go to next page](#)

**23. NOTE: This service is only available in Scotland. If you are conducting the survey in England/Wales go to question 24.**

Scottish Morbidity Records (SMR) schemes collect different data. Those currently available are given below.

- Scheme
- Selection Criteria
- Other Selection Criteria

Please indicate which scheme and selection criteria you require:

**Scheme**

*(please tick all that apply)*

- SMR 00- Outpatient attendance's
- SMR 01- General acute inpatient and day case discharges
- SMR 02- Maternity inpatient and day case discharges
- SMR 04- Psychiatric and mental handicap hospitals and units
- SMR 06- Cancer Registrations
- SBR -Scottish Birth Record

**Selection Criteria**

*(Please tick all that apply)*

- New Outpatients    Inpatient    All discharges    Admissions
- Attendees only    Deliveries only    Day case    Discharges

**Other Selection Criteria**

*(Please tick all that apply)*

- Age Range    Diagnosis    Area of residence    Sex
- Operation    Speciality    Other

If other please specify

[Go back to previous page](#)

[Go to next page](#)

**24a.** Do you require another service involving the release of individual information?

*(Please tick)*

Yes

No

[Go to question \*\*24b\*\*](#)

[Go to question \*\*25\*\*](#)

**24b.** Please specify why you require another service:

[Go back to previous page](#)

[Go to next page](#)

## Section G – Data Transfer

25. How would you like to provide data to us?

(Please tick)

- Floppy disk     email     CD-ROM     Paper Listing  
 Your own index card (except Scotland)     ONS Index card     Other

**NOTE: The Data Protection Act 1998** requires that data are transferred in a secure manner. Please make sure all personal data is **password protected**.

Please specify

26. How would you like us to supply data to you?

**NOTE: England and Wales** – outputs derived from flagging and tracing, and also births/deaths prior to 1993, are **not available electronically**.

(Please tick)

- Floppy disk     Email     CD ROM (Scotland only)  
 Paper Listing     Other

If other please specify

[Go back to previous page](#)

[Go to next page](#)

## Section I – Finishing Off

**We are a non-profit making service, but are obliged to levy charges at a level that will cover the cost of running our service.**

27. Please confirm that you will be sending us the following by post:

*(Please tick all that apply)*

- Set Up Fee
- Evidence of appropriate Ethics Committee Approval
- Copy of protocol sent to Ethics Committee
- Copy of Patient Information Leaflet
- Copy of Patient Consent Form

28. Please indicate whether you will be sending us any of the following additional material:

*(Please tick all that apply)*

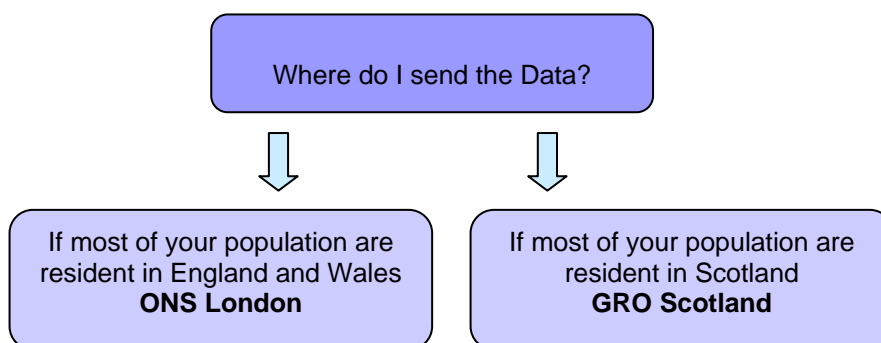
**NOTE: Please do NOT send us identifiable patient information until your application has been accepted.**

- VAT Exemption certificate     Specimen index card     GP and patient letters
- Specimen paper listing

29. Is more than half of your study population resident (or likely to be resident) in:

*(Please tick)*

- England & Wales
- Scotland



**NOTE: After we have accepted your request, your Head of Department will be asked to sign a Confidentiality Declaration, and for Scotland, a Financial Contract will also have to be completed.**

[Go back to previous page](#)

**FINISH**

