**INDIVIDUAL SURGEON AUDIT**

**Data Request Form**

1. This form is to be used by surgeons to request detailed individualised reports on their own procedures that is currently not available through their web-based surgeon portal or their individualised downloadable surgeon report.
2. The AOANJRR is a Declared Federal Quality Assurance Activity and is required by law to abide by certain requirements of the declaration. The AOANJRR must protect the confidentiality of the information it receives and maintain high-level data security procedures. Only de-identified data can be released.
3. Surgeons may use Data Reports containing data on their own procedures in the preparation of presentations or manuscripts for publication at their own discretion.
4. There is no requirement for the AOANJRR be involved in the preparation or publication of the manuscript. Surgeons using Data Reports containing data based on analysis of the entire AOANJRR data or a subset of that data must involve the AOANJRR in the preparation and publication of the manuscript as per the Authorship and Publication Policy.
5. Surgeons may use Data Report containing data from either their own procedures or the AOANJRR dataset within quality assurance and education environments as appropriate.

***To complete this form in word***

* *Place the cursor in the required field*
* *Tab to move to the next field*
* *Click on check box to mark*
* *Once complete email the form to* [*datarequests@aoanjrr.org.au*](mailto:datarequests@aoanjrr.org.au)
* *You should expect a response within 2 working days providing you with a reference number to track your request*

**CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Click or tap here to enter text. | **Date Information Required by** | Click or tap here to enter text. |
| **Name of Requesting Surgeon** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
| **Telephone** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Email**  *The AOANJRR requires an Institution / Organisation email* | Click or tap here to enter text. | | |
| **Signature** |  | | |

The AOANJRR will endeavour to provide the report by the nominated date. However, this is dependent on the available resources at the time of the request and the complexity of the analysis required.

**DATA ANALYSIS**

**Details of Audit/Data Usage**

*Please provide details of intended use of the requested data*

Click or tap here to enter text.

**Data Period: Date from** Click or tap here to enter text. **Date To** Click or tap here to enter text.

**Data Required** *Tick and complete relevant box(es) and information*

|  |  |  |
| --- | --- | --- |
| **Procedures** | | |
| Primary  Revision | Hip  Knee | Shoulder  Other *(details)* Click or tap here to enter text. |
| **Prostheses** | | |
| All Prostheses  Specific Prostheses *(please detail)* Click or tap here to enter text. | | |
| **HOSPITALS** | | |
| All Hospitals  Specific hospitals *(please detail)* Click or tap here to enter text. | | |
| **ADDITIONAL DATA REQUIRED**  *please specify* | | |
| Click or tap here to enter text. | | |

Please email this form to AOANJRR [datarequests@aoanjrr.org.au](mailto:datarequests@aoanjrr.org.au)