

**ORTHOPAEDIC COMPANY/INDUSTRY**

**Ad Hoc Data Request Form**

**Provisions of Non-Standard Reports to Industry**

1. This form should be used by industry to request non-standard aggregate data on one or more of their products that is not already available through the automated industry reporting system (AIRS).
2. The independence of the reporting of data remains critical to the credibility of AOANJRR.
3. The AOANJRR is a Declared Federal Quality Assurance Activity and is required by law to work within certain requirements of the declaration. It must protect the confidentiality of patients, hospitals and surgeons and maintain high level data security procedures. Non-identifying information relating to patient demographics and outcomes will be presented in the form of a report to surgeons and government organizations. In addition, non-identifying information will be provided on request to surgeons, hospitals and orthopaedic manufacturing companies.
4. All ad hoc requests must be submitted on the AOANJRR Data Release Request Form (Orthopaedic Company) with each section completed in full.
5. Provision of an ad hoc report will incur a fee based on a fee schedule which will be reviewed annually by the AOA. Quotes are available upon request.
6. All ad hoc reports will be prepared using ‘up to date data’ from the most recent monthly cleaning processes, unless requested otherwise.
7. Any information provided in an ad hoc report cannot be used in publications or the development of promotional material. Information is provided to companies on the strict understanding that it can only be used for internal review purposes or subject to prior approval, for use in regulatory processes as well as contract and reimbursement applications, either in Australia or overseas.
8. The Registry Clinical Director is responsible for approving the release of ad hoc reports.
9. The AOANJRR will endeavour to supply ad hoc reports within a four-to-six-week period provided all necessary information has been made available in the appropriate format at the time of submission of the request.

**I,** *(Name of Principal Requestor)* Click or tap here to enter text. **of** *(Company)* Click or tap here to enter text.

Confirm that I have read the AOANJRR Policy ‘Provision of Non-Standard Reports to Industry’ and agree to the conditions outlined therein.

**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 [adhocs@aoanjrr.org.au](mailto:adhocs@aoanjrr.org.au)
* You should expect a response within 2 working days providing you with a reference number to track your request

***All Sections of This Form Must Be Completed***

**CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Click or tap here to enter text. | **Date Information Required by** | Click or tap here to enter text. |
| **Principal Requestor** | Click or tap here to enter text. | | |
| **Position** | 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 require a Corporate / Industry email* | Click or tap here to enter text. | | |
| **Organisation** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
| **Contact Person** | Click or tap here to enter text. | | |

A fee will be incurred for the preparation of this report. The fee charged will depend on the complexity of the report and the time component required. Please indicate if a quotation is required prior to the commencement of the analysis.

|  |  |
| --- | --- |
| **Is a quotation required?** | Yes No |

The Registry 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.

**Identify personnel who will have access to data report:**

|  |
| --- |
| **Name(s)** |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Objective of Requested Analysis and Data Usage**

|  |  |
| --- | --- |
| **Please provide the reason for requesting this analysis and the intended use of the data:** | Marketing |
| Other use *(please specify)* Click or tap here to enter text. |

**DATA ANALYSIS**

*Catalogue numbers with full descriptions must be provided in an Excel file attachment. If possible, please provide an image of the prosthesis.*

|  |  |
| --- | --- |
| **Name of Prostheses of Interest** | Click or tap here to enter text. |
| **Reporting Period** | **Date from** Click or tap here to enter text. **Date to** Click or tap here to enter text. |
| **Does this request require information normally available in the standard AIRS report?** | Yes  No |

|  |
| --- |
| **ADDITIONAL DATA REQUIRED?**  *Please specify* |
| Click or tap here to enter text. |

To facilitate a timely turnaround of requests please ensure that all relevant sections of this form are completed in full. Incomplete requests will be returned to the requestor for completion and resubmission prior to review by the AOANJRR Data Review Committee.

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