**RESEARCH**

**Ad Hoc Data Request Form**

**Procedure**

* AOANJRR provides non-identifying data on request to surgeons and academic institutions to be used for research and the preparation of publications and conference presentations. The independence of data reporting, the correct interpretation and the quality of publications and presentations is crucial to ensure the integrity of the data and the credibility of AOANJRR.
* It is necessary for the AOANJRR to be involved in determining the appropriate analysis and preparation of publications or presentations based on analysis of the entire AOANJRR data or a subset of that data.
* When the entire AOANJRR data is used, following consultation with the primary author, the AOANJRR Clinical Director and Deputy Clinical Directors will determine:
  + Authorship – based on ICMJE Recommendations – Defining the Role of Authors and Contributors,
  + AOANJRR personnel involved in manuscript preparation, and
  + Contact person for the submission and review process of the manuscript.
* At least one clinical director from the AOANJRR and the relevant statistician will be included as authors and involved in the preparation of the manuscript.
* AOANJRR manuscripts will be reviewed by the AOA Academic Editorial Advisory Panel prior to submission.
* A draft abstract must be submitted at least 10 days prior to the conference submission deadline. A copy of the presentation must be provided for review at least 1 week prior to the date of the conference.
* It is anticipated that draft manuscripts will be provided within 12 months of receiving the ad hoc report;
* If there is more than one request for the same data, the initial requestor will have 12 months from receipt of data to complete the required manuscript unless a formal extension has been approved. If a manuscript is not submitted the data may be provided to other requestor(s).
* The AOANJRR requires that manuscripts must use the most up-to-date validated data.
* The process of obtaining data through the AOANJRR Ad Hoc Request process ([Members Use of AOANJRR Data](https://aoanjrr.sahmri.com/member-use-of-aoanjrr-data)) provides the orthopaedic community with access to high quality data and support in manuscript development. Equally, this process ensures that the data integrity, analysis and reporting of all research papers based on AOANJRR data are of world class standard.
* 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.

***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***.

**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.*

**CONTACT DETAILS**

Please note: Data requests must include at least one Australian surgeon on the research project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | |
| **Organisation** | 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** | Click or tap here to enter text. | | | | |
| **Signature** |  | | **Date** | | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Principal Investigator *(if different to requestor)* | |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Organisation/Unit | Click or tap here to enter text. |
| Details of other person(s) involved in the research project  *Please note: Data requests must include at least one Australian surgeon on the research project* | |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Organisation/Unit | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Organisation/Unit | Click or tap here to enter text. |
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| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Organisation/Unit | Click or tap here to enter text. |
|  | |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Organisation/Unit | Click or tap here to enter text. |

\* please attach a list of additional investigators if required

**Detailed Project Information**

**All Sections of the Research Form Must be Completed**

|  |  |  |
| --- | --- | --- |
| **Details of Data Usage**  *Please provide details of intended use of the requested data* | | |
| Conference submission | Yes | No |
| Journal publication | Yes | No |
| Are you in receipt of funding for this research? | Yes  *(please detail)* Click or tap here to enter text. | No |
| **Hypothesis** | | |
| Click or tap here to enter text. | | |
| **Aim(s)** | | |
| Click or tap here to enter text. | | |
| **Brief Background Information** | | |
| Click or tap here to enter text. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proposed Methodology** | | | | | |
| Data Period | Date from Click or tap here to enter text.  Date to Click or tap here to enter text. | | | | |
| **Study Population** | | | | | |
| Joint Type | Hip  Knee | Shoulder  Other *(please specify)* Click or tap here to enter text. | | | |
| Prostheses of Interest | *Detail prosthesis manufacturer, size, fixation, etc*  Click or tap here to enter text. | | | | |
| Procedures to be Assessed | *Please choose one only* | | | | |
| Primary | Revision | | | |
| Patient Characteristics | Age | All ages / usual AOANJRR  groups | | Particular age groups only *(please specify)* Click or tap here to enter text. | |
| Gender | All | Male | | Female |
| Diagnosis | OA only | All diagnoses | | Other diagnoses  *(please specify)* Click or tap here to enter text. |
| ASA score *(data only since 2012)* | | | | |
| BMI *(data only since 2015)* | | | | |
| Operative Approach | *For hip replacement only, data available since 2015*  Yes | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Analysis** | | | |
| Comparator | Click or tap here to enter text. | | |
| Outcome | Revision | All-cause | |
| Revision for specific causes  *(please detail)* Click or tap here to enter text. | |
| Other outcome  *(please specify)* Click or tap here to enter text. | |
| Mortality | Early | Late |
| Analytical Methods | Survival analysis (which includes Kaplan-Meier estimates of survivorship  (and Cox proportional hazards (hazard ratios)  Other *(please specify)* Click or tap here to enter text. | | |
| **Additional Comments** | | | |
| 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 Registry Working Group.

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