**HIGHER DEGREE RESEARCH STUDENT**

**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 are crucial to ensure the integrity of the data and the credibility of AOANJRR.
* The process of obtaining data through the AOANJRR Data 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. 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.
* 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.
* Please review the [Members Use of AOANJRR Data Policy](https://aoanjrr.sahmri.com/documents/10180/102632/MEM002+Member+Use+of+AOANJRR+Data+Policy_October+2023.pdf/ce098f6d-ad54-dda0-de0c-8dbf947693f1?t=1696821862039) and the [AOANJRR Publication and Authorship Policy](https://aoanjrr.sahmri.com/documents/10180/102632/AOANJRR+Data+Publication+and+Authorship/fed43b60-edea-7026-8286-b57f341d3bab) to ensure your application complies with AOANJRR requirements.
* Data Requests for Higher Degree Research (HDR) may only be submitted by students who are enrolled in a Master's or PhD program. We are unable to process the request if the student details section does not specify the degree program and the university in which the student is enrolled.
* Additional co-requesters who are orthopaedic surgeons with more than two active AOANJRR research data requests will be excluded from the current request. However, this stipulation does not apply to the Primary Requestor (Supervisor) or the HDR Student.
* If multiple AOANJRR studies are proposed, a separate Data Request Form should be submitted for each study. Note: Reports may be delivered at varying times depending on the AOANJRR's workload and the complexity of the request.
* Supervisors take primary responsibility for AOANJRR projects on behalf of the HDR student. This includes project feasibility and timelines.
* All HDR candidates must deliver a commencement presentation to the AOANJRR Clinical Directors within the first 6 months of receiving the data report if the project is entirely AOANJRR-based. Failure to present within this timeframe may result in penalties and loss of access to the data.
* **Please indicate on the form whether the HDR student project requires either:**
  + A data report with the analysis conducted by a Registry statistician, or
  + A data report containing aggregated data for the HDR student to perform their own statistical analysis. **Note: HDR students may only conduct their own statistical analyses for projects incorporating data from other registries**.
  + All statistical analyses completed by the students must be reviewed and approved by the Registry prior to any further action.
* A separate data request should be submitted for each proposed manuscript. However, if aggregate data is required for projects combining datasets from other registries, a single data request may be appropriate to support multiple manuscripts.
* Not all HDR student data requests will be approved. Approval is dependent upon the feasibility and appropriateness of the project, as determined by the Clinical Directors.
* Note that surgeon-specific requests, including those from surgeons, government agencies and hospitals, are prioritised over HDR student projects.
* Manuscripts and conference abstracts and presentations utilising AOANJRR data must be submitted to the AOANJRR for review following supervisor approval.
* 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 to AOANJRR for review at least 10 days prior to the conference submission deadline. A copy of the presentation must be provided to AOANJRR for review at least 1 week prior to the date of the conference.
* Draft manuscripts are expected to be submitted to AOANJRR within 12 months of receiving the data report. In cases where multiple requests have been made for the same dataset, the initial requestor will have exclusive rights to use the data for a period of 12 months from the date of receipt to complete and submit the required manuscript unless a formal extension has been granted. Failure to submit within this timeframe may result in the forfeiture of data usage rights, and the dataset may be made available to other requestors.
* The AOANJRR requires that manuscripts must use the most up-to-date validated data

***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***. ***The current wait time can vary between 3 to 12 months, depending on the Registry's workload.***

**TO COMPLETE THIS FORM IN WORD**

* *Place the cursor in the required field*
* *Tab to move to the next field*
* *Click on the check box to mark*
* *Once complete, email the form to* [datarequests@aoanjrr.org.au](mailto:datarequests@aoanjrr.org.au)
* *You should expect email confirmation 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 orthopaedic surgeon on the research project*.

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| **Principal Requestor and HDR Student’s Supervisor**  *Please note that only 2 main supervisors are allowed for the project* | | | | | |
| **Name** | Click or tap here to enter text. | | | | |
| **Organisation** | Click or tap here to enter text. | | | | |
| **Position** | Click or tap here to enter text. | | | | |
| **Are you an Orthopaedic Surgeon?** | Yes  No | | | | |
| **Telephone** | Click or tap here to enter text. | **Mobile** | | Click or tap here to enter text. | |
| **Email** | Click or tap here to enter text. | | | | |
| **Are you an AOA member?** *AOA membership number is not required* | Yes  No | | | | |
| **Signature** |  | | **Date** | | Click or tap here to enter text. |

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| HDR Student's Details |

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| **Name** | Click or tap here to enter text. | | | | |
| **Degree enrolled** | Click or tap here to enter text. | **University** | | Click or tap here to enter text. | |
| **Principal 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. | | | | |
| **Are you an AOA member?** *AOA membership number is not required* | Yes  No | | | | |
| **Signature** |  | | **Date** | | Click or tap here to enter text. |

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| Details of second supervisor involved in the research project  *Please note: Data requests must include at least one Australian orthopaedic 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. |
| Are you an Orthopaedic Surgeon? | Yes  No |
| Are you an AOA member? *AOA membership number is not required* | Yes  No |
| Details of other person(s) involved in the research project  *Please note: Data requests must include at least one Australian orthopaedic 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. |
| Are you an Orthopaedic Surgeon? | Yes  No |
| Are you an AOA member? *AOA membership number is not required* | Yes  No |
|  |  |
| 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. |
| Are you an Orthopaedic Surgeon? | Yes  No |
| Are you an AOA member? *AOA membership number is not required* | Yes  No |
|  | |
| 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. |
| Are you an Orthopaedic Surgeon? | Yes  No |
| Are you an AOA member? *AOA membership number is not required* | Yes  No |

\* Please attach a list of additional investigators if required

**Detailed Project Information**

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

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| **Details of Data Usage**  *Please provide details of the intended use of the requested data* | | |
| **Describe the intended use of AOANJRR data in your HDR plan** | Click or tap here to enter text. |  |
| **Conference submission** | Yes | No |
| **Journal publication** | Yes | No |
| **Is the project based solely on registry data?** *Note: If yes, a Clinical Director will also be appointed as a supervisor*. | Yes | No |
| **If you responded yes to the question above, please confirm that you are aware the commencement presentation must be given within a 6-month window after receiving the data report.** | Yes | No |
| **Are you in receipt of funding for this research?** *If yes, please provide specific details of the funding.* | Yes *(please provide details)*  Click or tap here to enter text. | No |
| **Please confirm whether this is a multi-registry study or if the data you are requesting is combined with another data source.** | Yes *(please provide details or name of the other registry)*  Click or tap here to enter text. | No |
| **Please advise if you plan to conduct statistical analysis on the data provided.** | Yes *(please provide details)*  Click or tap here to enter text. | No |
| **Do you have a conflict of interest to declare concerning this research** *(I.E. Commercial Interest)* | Yes *(please provide details)*  Click or tap here to enter text. | No |
| **Can you please confirm that a disclosure form has been attached for each co-requester?** | Yes  Click or tap here to enter text. | No *(please provide details)*  Click or tap here to enter text. |
| Please note that AOANJRR **Request data *cannot* be shared** with anyone outside of the research team nominated on this form.  Any **data breach** will be **the responsibility of the data requestors**, including any financial consequences to AOA or AOANJRR. | | |

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| **HDR Student Project Context** |
| **How many data requests will be required to meet your overall project needs? Please provide a brief breakdown** |
| Click or tap here to enter text. |
| **Please specify which part of the project the current request pertains to:** |
| Click or tap here to enter text. |
| **Please attach your HDR project proposal to the request and outline any proposed future AOANJRR data requests as part of your overall plan for completing your HDR degree.** |
| Can you please confirm that the document is attached to the request?  Yes  No Click or tap here to enter text. |

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| **Project Summary** |
| **Hypothesis** |
| Click or tap here to enter text. |
| **Aim(s)** |
| Click or tap here to enter text. |
| **Background/Rationale** *Explain the scientific background and rationale for the investigation being reported* |
| Click or tap here to enter text. |

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| **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 available from 2012)* | | | | |
| BMI *(data available from 2015)* | | | | |
| ***Operative Approach*** | *For hip replacement only, data available from 2015*  Yes | | | | |

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| **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 (includes Kaplan-Meier estimates of survivorship  (and Cox proportional 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 [datarequests@aoanjrr.org.au](mailto:datarequests@aoanjrr.org.au)