### ***Form I - Request for Release of Data from N. Ireland Cancer Registry***

N. Ireland Cancer Registry

Centre for Public Health, Mulhouse Building,

Grosvenor Road, Belfast BT12 6DP

Tel: 028 9097 6028 Email: nicr@qub.ac.uk

**DETAILS OF APPLICANT**

|  |  |
| --- | --- |
| Name: | Title: |
| Position:  Telephone No:  Fax:  Email: | Address: |
| Does the study require  - details of named patients? YES/NO  If yes, Form II will require completion  Form III may also require completion |
| - Potentially identifiable data? (eg postcodes, cancer type, age group alone) YES/NO  If yes, Form IV will require completion |
| Title of Study: | |
| Aims and Purpose of Study: | |
| Proposed Methodology a: | |
| Details of Information Requireda: | |
| Is there a deadline for receipt of information  If YES, please give reason and date.  a Append on extra sheet if necessary | |

**DECLARATION BY APPLICANT**

I confirm that data given to me will be used for the purpose for which they are supplied. **I will give the N. Ireland Cancer Registry prior notice of any intended publication based on the data supplied and will acknowledge the NICR as the source of the data and the Public Health Agency for funding the Registry\*.** I understand that unless the NICR has participated in the research, any interpretations will be acknowledged to be the author’s sole responsibility.

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* exact wording to be quoted in publication is “The N. Ireland Cancer Registry is funded by the Public Health Agency (PHA)”