### ***Form IV - Request for Release of Potentially Identifiable Cancer Registry Data***

N. Ireland Cancer Registry

Centre for Public Health, Mulhouse Building,

Grosvenor Road, Belfast BT12 6DP

Tel: 028 9063 2573 Fax: 028 9024 8017 Email: nicr@qub.ac.uk

|  |  |
| --- | --- |
| **Name and Title of Applicant:**  (Please Use BLOCK CAPITALS)   1. **Title of Study** 2. **Has Patient Consent been achieved** | **YES/NO** |

**Declaration**

I understand that, in accordance with the Data Protection Act 1998, potentially identifiable patient data is only released providing:

* + 1. The data is only used for the purpose for which they were supplied.
    2. The data is not passed on to any other persons or released into the public domain.
    3. The data is kept secure at all times
    4. No attempt is made to identify information pertaining to particular individuals or to contact individuals.
    5. No attempt is made to link the data to other data sets, unless agreed with the NICR.
    6. Any results of my work, which are disclosed, shall not be able to identify or potentially identify an individual by ensuring that all non-zero cell counts are a minimum of 3.
    7. The data will not be kept longer that is necessary for the stated purpose and then shall be destroyed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)
    8. If I become aware of any loss or misuse of the data supplied to me I will inform the Director of the NICR immediately.
    9. If I am succeeded in my post with the research project my successor will require to complete a fresh declaration of confidentiality before receiving any further data.
    10. I confirm that data given to me will be used for the purpose for which they are supplied. **I will give the NICR 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 which funds 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.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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