**Refer to *OG-GC7 Data Management in Research***

All research databanks that exist or are created at WH for future unspecified research projects must be registered with the Office for Research. Please complete this Databank Registration Form and all relevant documentation to [ethics@wh.org.au](mailto:ethics@wh.org.au). Contact the Office for Research for any queries.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** Select date | | **Databank Reference** (Office Use): | | | |  | |
| **Project Number:**  (where applicable) | | | | E.g. 41234; HREC/18/WH/123; QA2018.123 | | | |
| **Name of Databank:** | | | | Enter text | | | |
| **Data Custodian:** | | | | Enter text | | | |
| **Department Name:** | | | | Enter text | | | |
| **Type of Databank:** | | | | Electronic  Hardcopy | | | |
| 1. **Purpose** | | | | | | | |
| **For what research purposes is the databank used?** List any project for which the databank is used to either source information or to store information. | | | | | | | |
| Enter text | | | | | | | |
| 1. **Timelines and Retention** | | | | | | | |
| 1. **When was this databank set up:** | | | Enter text | | | | |
| 1. **Is the intent to keep this databank indefinitely?**   If No, complete c & d below: | | | | | | | Yes  No |
| 1. **Anticipated date of when this databank will be closed:** | | | | | Enter text | | |
| 1. **Describe how databank will be archived/destroyed:** | | | | | | | |
| Enter text | | | | | | | |
| 1. **Location of Databank** (Complete all that apply) | | | | | | | |
| **Electronic network location:** | | | | Enter text | | | |
| **Hardcopy storage location:** | | | | Enter text | | | |
| **REDCap:**  Yes  No\*  If yes, ensure WH REDCap account and login requests are made to Bill.Karanatsios@wh.org.au  \*Required from 01 July 2020 | | | | | | | |
| 1. **Identification of Data** | | | | | | | |
|  | **Identifiable** (Labelled with identifiers such as name, UR number, DOB, contact details)  If identifiable, please clarify why data is in identifiable form | | | | | | |
| Enter text | | | | | | |
|  | **Re-identifiable** (Coded using a numbering system that is unique to this project e.g. 001. The key to the code is kept in a separate secure file)  If re-identifiable, describe coding process and storage of master identifier list? | | | | | | |
| Enter text | | | | | | |
|  | **Non-identifiable** (All links with the source of the data are permanently broken and it is not possible to link the data with the data source) | | | | | | |
| 1. **Security** Refer to *Information Privacy Policy (P-CP2.1)* & *Corporate Document Management Procedure (OP-IM2.2.1)* | | | | | | | |
| **Please describe the security system to protect the information on the databank and to maintain confidentiality and access for electronic and/or hardcopy files.** | | | | | | | |
| Enter text | | | | | | | |
| 1. **Consent** | | | | | | | |
| **Was consent to add the information to the database sought from person/s whose information it is?** | | | | | | | Yes  No |
| 1. **Data Source** | | | | | | | |
| **What was the source/s of the data?** Please comment on your response below.  E.g., Doctors notes, surgical reports, hospital medical records, test results, directly from those whose information it is). NB: Information may have been collected as part of routine care, for example, doctors’ notes; surgical notes; for quality assurance activities; or for research etc. | | | | | | | |
| Enter text | | | | | | | |
| 1. **Data Type** | | | | | | | |
| 1. **What data is stored on the databank?** | | | | | | | |
|  | Personal Information (E.g. Name, UR No., Date of Birth etc.) | | | | | | |
|  | Sensitive Information (E.g. Genetic Information, Infectious disease status etc.) | | | | | | |
|  | Health Information (E.g. Illness, Treatment, Test results etc.) | | | | | | |
| 1. **Please provide the data fields collected in databank/database by listing below or attach as a separate document:** | | | | | | | |
| Enter text | | | | | | | |
| 1. **Personnel** | | | | | | | |
| Name all the staff who have access to the databank | | | | | | | |
| **Name** | | | | **Position** | | | |
| Enter text | | | | Enter text | | | |
| Enter text | | | | Enter text | | | |
| Enter text | | | | Enter text | | | |
| Enter text | | | | Enter text | | | |

ADD MORE ROWS IF NEEDED

|  |  |
| --- | --- |
| 1. **Data Custodian Declaration** | |
| I have read, understood and will comply with *OG-GC7 Data Management in Research* and relevant WH data policy and procedures as the Data Custodian of this Databank. | |
| **Data Custodian Name:** | Enter text |
| **Signature:** | **Date:** |
| **Email:** Enter email address | |
| **Telephone:** Enter contact number | |