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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Appendix A – Data Specification |
| Before you fill in the formComplete a separate table for each dataset.Please specify the data to be extracted, listing all data sets and specific detail around selection of a cohort or cases and controls. Any date limits should also be given. If you require assistance with completing this form or to obtain a copy of relevant Data Dictionaries for the Data Collection(s), please email DataReleaseRequests.DoH@nt.gov.auWhere you are unfamiliar with the variables collected in a system, provide a name for the concept you are seeking (for example, Emergency Department Presentation Date). This will enable the Department to determine whether there is a variable that matches the concept in the respective data collection and advise on its utility and whether or not it is able to be released.A specification and justification must be provided for all data, including data that is being sourced from other organisations. This will assist us in assessing the extent of privacy provisions required |
| Project |
| Project Title |  |
| Project Reference |  |
| Data Collection |
| Data Source |  |
| Collection Period | **To** |  | **From** |  |
| Cohort Identification |
| Please provide a description of your cohort and how your study population is defined. e.g. Emergency Department presentations relating to a particular condition |
|  |
| If your cohort is to be selected from specific disease or procedure groupings, please specify the version of codes you require (i.e. ICD9, ICD10, ICPC), and whether they should be applied only to the principal disease/procedure code or to any of the multiple codes within a record. E.g. ICD10, diagnosis codes for lung cancer. |
|  |
| Data Linkage Variables |
| **Data Linkage Variables** | **Description** |
| *e.g. HRN, Episode ID, Date of Birth* |  *Justification* |
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| Data Variables |
| **Data Variables** | **Description** |
| *e.g. Indigenous Status, Place of Residence, Time of Discharge from ED* | *e.g. preferred level of information, such as community, suburb, SA2 or date defined mm/yyyy* |
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| Further informationEmail your completed form to DataReleaseRequests.DoH@nt.gov.au |
| End of form |
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