

# Medical Research Information Service (MRIS)

## Application to use individual records for medical research/audit

### Introduction

**This application form is for projects being conducted in England and Wales**

Please fill out the form with as much information as possible. You can save it and come back to it later if necessary. Completed form should be emailed to [mrisc@ic.nhs.uk](mailto:mrisc@ic.nhs.uk)

If you have any problems using this form please contact the Medical Research Applications Manager on **0300 365 3669**, or use the above email address.

**Any feedback on the usability of this form would be appreciated.**

#### Office use only

Date application received

Study reference number

### A) About the proposed study

**Date of application** (DD/MM/YYYY)

**Title of study** (Note: this will be the title by which the study will be referred to in any publication)

### B) Project team contact details

All persons responsible for the design and analysis of the project. Clerical, secretarial and support staff need not be listed.

#### 1. Person with overall responsibility for the project

Name

Address

Postcode  Telephone

Email

#### 2. Person responsible for the day-to-day management of the project (if different from above)

Name

Address

Postcode  Telephone

Email

## 3. Contact details of other personnel conducting the analysis

### Person 1

Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

### Person 2

Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		

If there are other relevant personnel contacts, please give their details in section **J) Further information** on p10.

## 4. Unit or department where the project is being carried out

Unit/Dept	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

## C) Data release

(please see data release statement on our website)

### 5. Details of commissioning/sponsoring organisation

Please provide a letter from the commissioning organisation confirming their involvement

Organisation	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

**6. Name/address of funding organisation if different to organisation mentioned in Q5 and period of grant.**

Organisation

Address

Postcode

**7. What is the grant period?**

From (DD/MM/YYYY)

to (DD/MM/YYYY)

## D) Study aims, background and methods

**8. State what the aims of the study are in less than 200 words.**

Note: the potential value and public interest of the research are important factors taken into account when considering requests.

**9. State the background of the study in less than 200 words.**

10. Give a detailed outline of the study methods, being specific about what you require of MRIS and clarify how you will use the data we supply in less than 400 words.

11. Will the information we provide be used to make direct contact with (please tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital consultants                               | <input type="checkbox"/> Other staff in hospitals where study subjects are treated |
| <input type="checkbox"/> GPs of study subjects                              | <input type="checkbox"/> Study subjects found to be alive                          |
| <input type="checkbox"/> Relatives of study subjects                        | <input type="checkbox"/> Other party   |
| <input type="checkbox"/> No other party to be contacted ( <b>go to 13</b> ) |  |

12. How will contact be made? (please tick all that apply)

- Letter
- Phone
- Other (please specify)

## 13. How did you identify your study population?

- |   |   |
|---|---|
| <input type="checkbox"/> Employee records | <input type="checkbox"/> Survey questionnaires  |
| <input type="checkbox"/> Hospital records | <input type="checkbox"/> PCT                    |
| <input type="checkbox"/> Clinical Trials  | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> GP records       |   |

## 14. Please specify how many members you have in your project?

England and Wales  Scotland

## 15. How many members were alive on 01/01/1991? (our computerised records commenced 1991)

England and Wales  Scotland

## 16. What information can you provide to us for matching? (please tick all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> NHS Number          | <input type="checkbox"/> Date of birth          |
| <input type="checkbox"/> Surname             | <input type="checkbox"/> Place of birth         |
| <input type="checkbox"/> Forenames           | <input type="checkbox"/> Last known address     |
| <input type="checkbox"/> Initials            | <input type="checkbox"/> Post code              |
| <input type="checkbox"/> Any other name used | <input type="checkbox"/> Date of death          |
| <input type="checkbox"/> Sex                 | <input type="checkbox"/> Other (please specify) |

## E) Ethical and consent considerations

### 17. Have the relevant ethics committee(s) been consulted?

- Yes – Please supply the ethics committee response letter(s)  
 No

### 18. Has written permission been obtained from:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Individuals            |
| <input type="checkbox"/> GPs         | <input type="checkbox"/> Other (please specify) |

**Give a brief description of the consent sought and provide copies of the consent forms used/to be used. If consent has not been sought please give a brief description why not:**

**19. Date recruitment starts/started**

(DD/MM/YYYY)

**20. Date recruitment completed/expected to be completed?**

(DD/MM/YYYY)

**21. If consent has not been obtained do you have support under [S251 of the NHS Act 2006](#)?**

- Yes (please supply the letter of approval)  
 No

## F) Data security

**22. Have you supplied your [System Level Security Policy \(SLSP\)](#) for this project?**

- Yes  
 No (Note: An **SLSP must be supplied** before an application can be processed)

**23. Please give the registration reference under which the data will be held in compliance with the Data protection Act 1998**

**24. How long is the project expected to last?**

- 1-5 years                       10-15 years  
 5-10 years                       15 years or more

**25. Please state address where we will be sending data and where it will be stored if different to department where project is being conducted (Q4 above)**

Unit/Dept

Address

Postcode

Telephone

### 26. When the study is complete will the data be kept?

Yes

No

#### If yes

How will it be kept?

Where will it be kept?

How long will it be kept?

Will the data be anonymised?

Yes

No

### 27. Will named information be destroyed once analyses are complete?

Yes

No

If no please specify the reason and what will happen to the data.

### 28. Will you publish the results of your study?

Yes – please send a copy to [mrisc@ic.nhs.uk](mailto:mrisc@ic.nhs.uk) or our postal address: Medical Research Information Service B108, The NHS Information Centre, Smedley Hydro, Trafalgar Road, Southport, Merseyside, PR8 2HH.

No

**Please note:** Use of the data supplied by The NHS Information Centre is for the sole purpose set out in the application and supporting protocols. The data **must not be shared** with any other organisation or named individual without explicit approval to do so.

## G) Service required

### 29. What service(s) do you require?

- Current Status – to receive a one off snap shot of the status for your project members
- Flagging – to receive ongoing notifications about your project members
- List Cleaning\* (**go to Q31**)

\* List Cleaning service is suitable if you need to identify those who have died in order to ensure you do not contact a bereaved family or if fact of death only is required.

### 30. Please select the data you require (please tick all that apply)

- Cause of death with ICD coding
- Administration area in which the project member is currently registered with a GP (if still alive)
- Details if last posting is an 'exit' from the NHS (i.e. they are not currently on a GP list) and re entries to the NHS
- NHS number
- Cancer notifications\*\*

\*\* Any project which receives cancer data must have a medically qualified person fully registered with the GMC who agrees to take clinical responsibility for the data.

**If cancer data is requested please state in no more than 200 words why it is needed for this study. Please provide the name and qualifications of the person taking responsibility for cancer data and their GMC registration number:**

## H) Project characteristics

### 31. Please select from the following categories the description that best suits your study

- i. Study of the effects of health hazards;
- ii. Study of the effects of therapy screening
- iii. Health & behaviour survey (i.e. exposure to a specific behaviour, e.g. alcohol, tobacco, drugs, lifestyle, etc.)
- iv. Genetic study
- v. Study of epidemiology and natural history of disease/condition
- a) Occupational risk
- b) Environmental risk, i.e. (non-occupational) exposure to a hazard
- c) Therapeutic risk i.e. The effects of a potentially hazardous medical exposure

## I) Completing your application

### Administration

#### 32. Person responsible for the application

Name

Address

Postcode  Telephone

Email

#### 33. Name of person to whom invoices should be sent

Name

Address

Postcode  Telephone

Email

### 34. Check list – have you enclosed the following with your application?

- Evidence of appropriate Ethics Committee approval
- Study Protocol reviewed by the Ethics Committee
- Copy of Consent Forms (if applicable)
- Copy of GP/Consultant/Carer letters (if applicable)
- Copy of Patient Information (if applicable)
- S251 Approval Letter from NIGB (if you have S251 support for this project)
- System Level Security Policy (SLSP)
- VAT exemption certificate (if applicable)

## J) Further information

Any other relevant information to support your application

**Once your application is complete please save the form with a unique filename (use Save As) and send it, together with supporting documentation, to [mrisc@ic.nhs.uk](mailto:mrisc@ic.nhs.uk)**

## What happens next?

Please see our [Step-by-step guide to the MRIS application process](#)