



# DATA REQUEST FORM

# National Ligament Registry



## Data Release Request Form

Only anonymised data will be released if this request is approved.

All sections of this form must be completed.

Please submit your completed form electronically to [support@uknlr.co.uk](mailto:support@uknlr.co.uk). The Steering Group will then be in contact in due course with any additional questions.

## Principal Requester Contact Details

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Hospital: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of application: \_\_\_\_\_

**Data information**

Please list each individual who will have access to data:

**Name and role:** \_\_\_\_\_

**Name and role:** \_\_\_\_\_

**Name and role:** \_\_\_\_\_

**Name and role:** \_\_\_\_\_

Details of audit / data usage (intended use of data):

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Data required:

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Any other data specifics?

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