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| For official use only | | | | | JBCR Data Release No: | | | |
| **Section**  **A** | Nature of Data Request:  For the purpose of regular reporting. | | | | For enquiries, please contact our  Data Management Team  Email: [phyu.n@nccs.com.sg](mailto:phyu.n@nccs.com.sg)  Service hours: 8am – 5pm, Mon – Fri | | | |
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| **1. Background Information** | | | | | | | | |
| Requests are evaluated by the members of the JBCR Data Management Committee. This assessment is mainly based on scientific merit and data availability. Data from the JBCR is only released to projects approved by the JBCR Data Management Committee. | | | | | | | | |
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| **2. Instructions** | | | | | | | | |
| 1. Complete Section A if requesting for aggregate data for regular or adhoc department reports. | | | | | | | | |
| 1. Complete Section A and B if patient level data required for preliminary studies or intended publications. | | | | | | | | |
| 1. Submit the complete form directly to your department representative. Please allow 15 working days for the review of your request. | | | | | | | | |
| 1. If successful, please submit the approved form to the Department of Cancer Informatics, NCCS. Please allow another 5 working days for the data to be released to you. | | | | | | | | |
| **3. Contact details** | | | | | | | | |
| **(i) Requestor** | | | | | | | | |
| Name: | | | |  | | Designation: | | |
| Tel: | | | |  | | Email: | | |
| Department: | | | |  | | Institution: | | |
| **(ii) Contact Person** | | | | | | | | |
| Name: | | | |  | | Designation: | | |
| Tel: | | | |  | | Email: | | |
| Department: | | | |  | | Institution: | | |
| **4. Project Title and Details** | | | | | | | | |
| (Note: For purpose of preliminary research studies & research publication, please complete Section B)  Standard regular reports to member departments. | | | | | | | | |
| **Project Title:** | | | | | | | | |
| **Details:** | | | | | | | | |
| **5. Type of Data Required from the JBCR** | | | | | | | | |
| (Note: For purpose of preliminary research studies & research publication, please complete Section B.Only aggregate data are allowed for regular reporting. No individual level data are allowed to be released through completion of Section A.) | | | | | | | | |
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| **6. Agreement** | | | | | | | | |
| The recipient agrees to use the data only for the purpose as described above. The recipient confirms that no non-member is involved and no publication will result from this data. The recipient also agrees to be responsible for the security of patient privacy and the safeguard of the use of the JBCR data. | | | | | | | | |
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| Name of Requestor | |  | Department & Institution | | | |  | Signature & Date |
| **7. Approval by Data Management Committee** | | | | | | | | |
| Note: Only Representative from same department as requestor needs sign. JBCR Chair to sign when conflicts of interest exist. | | | | | | | | |
| **Dr Richard Yeo Ming Chert** | | | |  | |  | | |
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| Name: | | | |  | | Signature & Date | | |
| Division of Radiation Oncology, NCC Representative | | | |  | |  | | |
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| **Dr Veronique Tan Kiak Mien** | | | |  | |  | | |
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|
| Name: | | | |  | | Signature & Date | | |
| Division of Surgery & Surgical Oncology, SingHealth Representative | | | |  | |  | | |
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| **Dr Yap Yoon Sim** | | | |  | |  | | |
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| Name: | | | |  | | Signature & Date | | |
| Division of Medical Oncology, NCC Representative | | | |  | |  | | |
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| **Dr Wong Fuh Yong** | | | |  | |  | | |
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|
| Name: | | | |  | | Signature & Date | | |
| Chair, JBCR | | | |  | |  | | |
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