**CPRD Research Data Governance Feasibility Study**

**Application Form**

***IMPORTANT***

**Please refer to the guidance for ‘Completing the Feasibility Study Application Form’ found on the CPRD website (**[**www.cprd.com/research-applications**](http://www.cprd.com/research-applications)**). If you have any queries, please contact the Research Data Governance(RDG) Secretariat at** **rdg@cprd.com**

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| **FOR INTERNAL USE ONLY** |
| **Feasibility Study No. -**  |

|  |
| --- |
| **SECTION A: GENERAL INFORMATION ABOUT THE PROPOSED FEASIBILITY STUDY** |
| 1. **Study Title (Max. 255 characters):**
 |
| 1. **Chief Investigator**

|  |  |
| --- | --- |
| Title: |  |
| Full name: |  |
| Job title: |  |
| Affiliation/organisation: |  |
| Email address: |  |
| CV Number (if applicable): |  |

  |
| 1. **Corresponding Applicant**

|  |  |
| --- | --- |
| Title: |  |
| Full name: |  |
| Job title: |  |
| Affiliation/organisation: |  |
| Email address: |  |
| CV Number (if applicable): |  |

  |
| 1. **List of all investigators/collaborators**

|  |  |
| --- | --- |
| Title: |  |
| Full name: |  |
| Job title: |  |
| Affiliation/organisation: |  |
| Email address: |  |
| CV Number (if applicable): |  |
| Will this person be analysing the data? (Y/N) |  |

[Add more investigators/collaborators as necessary by inserting a new table for each investigator/collaborator] |
| **SECTION B: ACCESS TO THE DATA** |
| 1. **Data Access Arrangements**

Indicate the method that will be used to access the data for this study:

|  |  |  |  |
| --- | --- | --- | --- |
| Study-specific dataset agreement |  | Multi-study licence |  |

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| 1. **Site location of data**

|  |  |
| --- | --- |
| Processing location: |  |
| Organisation address: |  |

|  |  |
| --- | --- |
| Storage location: |  |
| Organisation address: |  |

|  |  |
| --- | --- |
| Territory of analysis: |  |
| Organisation address: |  |

 |
| **SECTION C: INFORMATION ON REQUESTED DATA** |
| 1. **Primary care data**

Please insert ‘**X**’ in all the relevant boxes

|  |  |  |  |
| --- | --- | --- | --- |
| CPRD GOLD |  | CPRD Aurum |  |

**X** |
| 1. **Please select any linked data or data products being requested**

Please ‘**X**’ all the relevant boxes  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| ONS Death Registration Data |  | HES Outpatient |  |
| HES Admitted Patient Care |  | HES Diagnostic Imaging Dataset |  |
| HES Accident and Emergency |  | CPRD Mother Baby Link |  |
| Mental Health Services Data Set (MHDS) |  | Pregnancy Register |  |
| Practice Level Index of Multiple Deprivation (Standard) |  | Patient Level Index of Multiple Deprivation  |  |

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|  |
| 1. **Do you require CPRD to extract the primary care data?**

Please ‘**X**’ the relevant box

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **‘Yes’**, investigators must discuss all requests for CPRD to extract data with a member of the CPRD Research Team, before submitting a CPRD RDG Feasibility Study application. Please contact the CPRD Research Team on (enquiries@cprd.com) to discuss your requirements. Please also state the reference number below relating to your enquiry CPRD Reference number: Applicants must also complete the ‘Dataset Specification Form’ and submit this alongside the completed Feasibility Study Application (see the Guidance Notes: Completing the Feasibility Study Application Form).  |
| 1. **Do you require CPRD to conduct the feasibility study?**

Please insert ‘**X**’ in the relevant box

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **‘Yes’**, investigators must discuss all requests for CPRD to conduct additional analyses with a member of the CPRD Research Team, before submitting a CPRD RDG Feasibility Study application. Please contact the CPRD Research Team on (enquiries@cprd.com) to discuss your requirements. Please also state the reference number below relating to your enquiry.CPRD Reference number:  |
| 1. **Does any person named in this application already have access to these data in a patient identifiable form, or associated with an identifiable patient index?**

If yes, please provide further details: |
| **SECTION D: FEASIBILITY STUDY INFORMATION** |
| 1. **Lay Summary (Max. 250 words)**
 |
| 1. **Technical Summary (Max. 300 words)**
 |
| 1. **Health Outcomes to be Measured**

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| 1. **Information on the Study Population**
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