**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**](mailto:rdg@cprd.com)

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

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| **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 |  | |
| 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](mailto: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](mailto: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** |
| 1. **Information on the Study Population** |