**CPRD Research Data Governance (RDG) Application Template**

**ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED VIA THE CPRD ELECTRONIC RESEARCH APPLICATION PORTAL (eRAP)** [**www.erap.cprd.com**](http://www.erap.cprd.com)

**Applicants may use this template offline to prepare their research application, prior to submission on eRAP. Applicants must also read CPRD’s Research Data Governance (RDG) Guidance on how to complete their application found on the eRAP landing page under Related resources (** [**https://www.erap.cprd.com/**](https://www.erap.cprd.com/) **)**

**PART 1: APPLICATION FORM**

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| **GENERAL INFORMATION ABOUT THE PROPOSED RESEARCH STUDY** |
| 1. **Study Title (Max. 255 characters including spaces)** |
| 1. **Research Area** (place ‘**X**’ in all boxes that apply) |
| |  |  |  |  | | --- | --- | --- | --- | | Drug Safety |  | Economics |  | | Drug Utilisation |  | Pharmacoeconomics |  | | Drug Effectiveness |  | Pharmacoepidemiology |  | | Disease Epidemiology |  | Methodological |  | | Health Services Delivery |  |  |  | |
| 1. **Does this protocol describe an observational study using purely CPRD data?**  |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |
| 1. **Does this protocol involve requesting any additional information from GPs, or contact with patients?**  |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   If yes, provide the reference number: |
| 1. **Chief Investigator**  |  |  | | --- | --- | | Title: |  | | Full name: |  | | Job title: |  | | Affiliation/organisation: |  | | Email address: |  | | CV Number (if applicable): |  | | Will this person be analysing the data? (Y/N) |  | |
| 1. **Corresponding Applicant**  |  |  | | --- | --- | | Title: |  | | Full name: |  | | Job title: |  | | Affiliation/organisation: |  | | Email address: |  | | CV Number (if applicable): |  | | Will this person be analysing the data? (Y/N) |  | |
| 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 copy and pasting a new table for each investigator/collaborator] |
| **ACCESS TO THE DATA** |
| 1. **Sponsor of the study**  |  |  | | --- | --- | | Institution/Organisation: |  | | Address: |  | |
| 1. **Funding source for the study**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Same as Sponsor? | Yes |  | No |  |  | | Institution/Organisation: |  | | | | | | Address: |  | | | | | |
| 1. **Institution conducting the research**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Same as Sponsor? | Yes |  | No |  |  | | Institution/Organisation: |  | | | | | | Address: |  | | | | | |
| 1. **Data Access Arrangements**   Indicate with an ‘**X**’ the method that will be used to access the data for this study:   |  |  | | --- | --- | | Study-specific Dataset Agreement |  |  |  |  |  | | --- | --- | --- | | Institutional Multi-study Licence |  |  | | Institution Name |  | | | Institution Address |  | |   Will the dataset be extracted by CPRD?   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   If yes, provide the reference number: |
| 1. **Data Processor(s):**  |  |  |  | | --- | --- | --- | | Processing |  |  | | Accessing |  | | Storing |  | | Processing area (UK/EEA/Worldwide) | |  | | Organisation name | |  | | Organisation address | |  |  |  |  |  | | --- | --- | --- | | Processing |  |  | | Accessing |  | | Storing |  | | Processing area (UK/EEA/Worldwide) | |  | | Organisation name | |  | | Organisation address | |  |   [Add more processors as necessary by copy and pasting a new table for each processor] |
| **INFORMATION ON DATA** |
| 1. **Primary care data** (place ‘**X**’ in all boxes that apply)  |  |  |  |  | | --- | --- | --- | --- | | CPRD GOLD |  | CPRD Aurum |  |   **X**  Reference number (if applicable): |
| 1. **Please select any linked data or data products being requested**   **Patient Level Data** (place ‘**X**’ in all boxes that apply) |
| |  |  |  |  | | --- | --- | --- | --- | | ONS Death Registration Data |  | NCRAS Cancer Registration Data |  | | HES Admitted Patient Care |  | NCRAS Systemic Anti-Cancer Treatment (SACT) data |  | | HES Outpatient |  | NCRAS National Radiotherapy Dataset (RTDS) data |  | | HES Accident and Emergency |  | Second Generation Surveillance System (SGSS, COVID-19) |  | | HES Diagnostic Imaging Dataset |  | COVID-19 Hospitalisations in England Surveillance System (CHESS) |  | | Mental Health Data Set (MHDS) |  |  |  | | CPRD Mother Baby Link |  |  |  | | Pregnancy Register |  |  |  | |
| **Area Level Data** (place ‘**X**’ in one Practice / Patient level box that may apply)   |  |  |  |  | | --- | --- | --- | --- | | **Practice level (UK)** |  | **Patient level (England only)** |  | | Practice Level Index of Multiple Deprivation |  | Patient Level Index of Multiple Deprivation |  | | Practice Level Index of Multiple Deprivation Domains |  | Patient Level Index of Multiple Deprivation Domains |  | | Practice Level Carstairs Index for 2011 Census (Excluding Northern Ireland) |  | Patient Level Carstairs Index for 2011 Census |  | | 2011 Rural-Urban Classification at LSOA level |  | 2011 Rural-Urban Classification at LSOA level |  | |  |  | Patient Level Townsend Score |  |   Reference / Protocol number (where applicable): |
| 1. **Are you requesting linkage to a dataset not listed above?**  |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   If yes, provide the Non-Standard Linkage reference number: |
| 1. **Does any person named in this application already have access to any of these data in a patient identifiable form, or associated with an identifiable patient index?**  |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   If yes, provide further details: |

**PART 2: PROTOCOL INFORMATION**

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| **Applicants must complete all sections** |
| **Study Title** |
| **Lay Summary (Max. 250 words)** |
| **Technical Summary (Max. 300 words)** |
| **Outcomes to be Measured** |
| **Objectives, Specific Aims and Rationale** |
| **Study Background** |
| **Study Type** |
| **Study Design** |
| **Feasibility counts** |
| **Sample size considerations** |
| **Planned use of linked data (if applicable):** |
| **Definition of the Study population** |
| **Selection of comparison group(s) or controls** |
| **Exposures, Outcomes and Covariates** |
| **Data/ Statistical Analysis** |
| **Plan for addressing confounding** |
| **Plans for addressing missing data** |
| **Patient or user group involvement** |
| **Plans for disseminating and communicating study results** |
| **Conflict of interest statement** |
| **Limitations of the study design, data sources, and analytic methods** |
| **References** |
| **List of Appendices** |
| **Grant ID *(optional)*** |