### ***Form IIIc - NICaN Clinical Lead’s Permission to Release Data***

N. Ireland Cancer Registry

Centre for Public Health, Mulhouse Building,

Grosvenor Road, Belfast BT12 6DP

Tel: 028 9097 6028 Email: nicr@qub.ac.uk

Date:

Consultant:

Address:

Dear Consultant

**Re: Use of N. Ireland Cancer Registry Data for Research**

I (name of researcher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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plan to carry out a study on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This would involve obtaining patient identifiable data from the N. Ireland Cancer Registry. The patient(s) research relates to were registered whilst under your or your colleagues care, or that of your predecessor(s). I enclose a copy of the formal request made to the N. Ireland Cancer Registry to release the data. However, before complying, the Registry requires written agreement from the consultant(s) deemed responsible for the registered case(s).

A list of the patients concerned is available from the N. Ireland Cancer Registry. If you require more information on the study outlined above, please do not hesitate to get in contact with me. I would be most grateful if you would complete the section below and return the entire letter to me. I will then give this to the N. Ireland Cancer Registry. This will authorise the release of the data to me, the applicant.

Yours sincerely

(Name of Researcher)

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**NICaN Clinical Lead**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Lead of the NICaN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise the release of the data.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_