**This form will take about 5 – 10 minutes to complete**

**Important Note:**

**All fields in this form are mandatory, unless it is not applicable. Incomplete forms will be rejected.**

| **Please fax / email / mail the completed form to:**  *National Registry of Diseases Office, Health Promotion Board*  *3 Second Hospital Avenue, Level 5*  *Singapore 168937* | | | | *Attn: Quality Assurance*  *Tel: 64353077 / 91 / 39*  *Email: HPB\_SERVICENRDO@hpb.gov.sg* | | |
| --- | --- | --- | --- | --- | --- | --- |
| **PART 1: DETAILS OF REQUESTOR (To be filled in by requestor)** | | | | | | **REQUEST NO** (For Official Use Only)   | **Y** | **S** |  |  | **-** |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |
| Name of Requestor, Organization & Designation:   Upul Cooray, NDCS (ACP-Research), Research Fellow  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Office / Mobile Number:      84473181  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Office E-mail:      gmsv2106@nus.edu.sg  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company address:      5 Second Hospital Ave, Singapore 168938  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PART 2: TYPE OF STAPLE DATA SET** | | | | | | |
| **Please cross** **☒ the appropriate box by double clicking on the box and select “checked"** | | | | | | |
|  | **☒** Cancer Registry  ☐ Renal Registry |  | ☐ Stroke Registry    ☐ AMI Registry |  |  | |
|  |  |  |  |  |  | |
| **PART 3: PURPOSE OF REQUEST TO ACCESS STAPLE DATA SET** | | | | | | |
| ☐ Health Policy Formulation ☐ Healthcare Services and Programme Planning  **☒** National Disease Management Plans ☐ Public Health Research\*  \*Pls submit a copy of your IRB approval letter if applicable. | | | | | | |
| **Please explain in detail how the aggregate data output will be used:** | | | | | | |
| Aggregate data will be used to compute input parameters for a simulation model that has been developed to assess the impact of HPV vaccination on HPV related cancers.  We will calculate incidence rates, Prevalence rates, and Mortality rates of HPv related cancers using aggregate data to use as input parameters to our simulation model.  *Please attach additional sheets if necessary.* | | | | | | |
| **Will findings and/or the aggregate data output be made available/ published in the public domain?** | | | | | | |
| Aggregate data will not be published. Only the parameter estimates calculated using aggregate data will be published.  **A copy of the findings or publication MUST be submitted to NRDO prior to publication.** | | | | | | |

| **PART 4: DECLARATION AND UNDERTAKING** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| I understand and acknowledge that the Staple Data Set (“Data”) has been disclosed to me by the National Registry of Diseases (“NRD”) pursuant to Section 9(1)(a) of the National Registry of Diseases Act (“Act”), for the purposes I have declared in Part 3 of this form. I acknowledge and accept that I am subject to the following conditions imposed by the Registrar, NRD:   1. The Registrar’s approval for this data request is granted pursuant to the information I have provided in this form, in particular the purposes I have declared in Part 3. Any inaccuracy or falsehood in the information I have provided will invalidate the Registrar’s approval, and any access to the Data and/or usage of the aggregate output derived from the Data (“Output”) by me will be considered to be unauthorised; 2. The Data and the Output is confidential information, and shall not be disclosed to any third party without the prior written approval of the Registrar; 3. I shall take all appropriate steps to safeguard the confidentiality, safety and integrity of the Data and the Output. I shall not make any copies of the Data or the Output in any form or medium (including without limitation photographs or screenshots). Where I have been granted access to the Data at the premises of the National Registry of Diseases Office (”NRDO”), I shall not transmit or bring the Data out of the NRDO premises without prior written authorisation; 4. I shall only use the Output for the purposes and duration declared in this form, and I shall destroy the Output after it has been used in accordance with the provisions of the Act; 5. I do not have access to any dataset containing individually identifiable information, or any other data source that may enable or facilitate the identification or re-identification of any individual for the period of this study; 6. I shall not attempt in any way to identify or re-identify any individual from the Data or the Output using my knowledge of any individuals, or any other data source; 7. I shall not publish or disseminate the Data and/or the Output in any manner that may lead to the identification or re-identification of any individual; 8. I shall not in any way describe, attribute or represent the Output as data published by the NRD or NRDO, and shall describe the Output only as material or information derived from anonymised individual-level datasets provided by the NRD; 9. In the event that there are any breaches of any of the conditions above, or at any other time at the written request of the Registrar, I shall immediately cease all further use and publication of the Output. In addition, I shall, as the Registrar may direct, immediately return the Output, including all copies thereof in any form, in my possession or control to the Registrar or destroy the Output and all copies thereof and provide proof of such destruction; and 10. I shall keep the Registrar fully indemnified against all demands, claims, actions and proceedings, losses, damages, and all legal costs and other expenses arising out of any breach or alleged breach of any of the conditions above.   In the event that I breach any of the conditions above, I acknowledge that I may be liable to prosecution under the Act. | | | | | | |
| Upul Cooray   M4380989R | | | | **Endorsed by Requestor’s Head of Department**     Prof. Marco Peres | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Requestor / NRIC | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name / NRIC | | |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature / Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature / Date |  | |
|  | | |  |  | | |