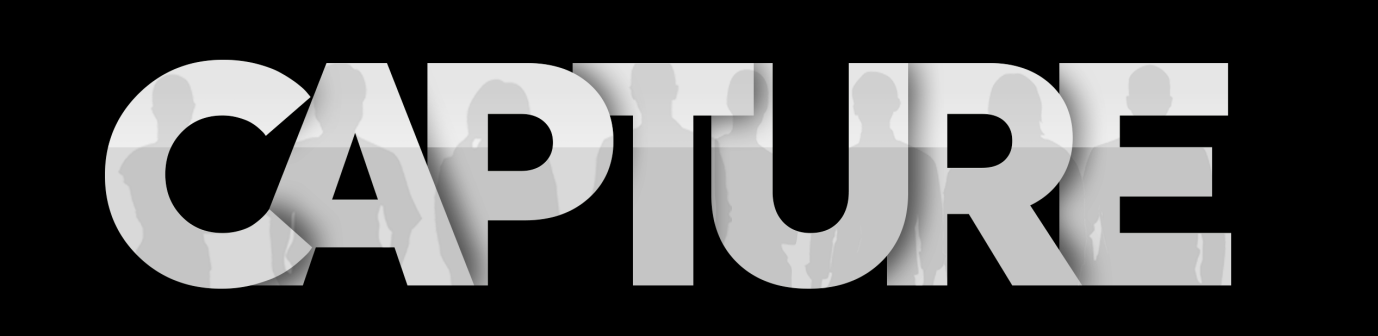
****

**Access Request Form**

**External staff (non-GSTT)**

*To request access to CAPTURE, please complete this form and return it to the CAPTURE team at* [*capture@gstt.nhs.uk*](mailto:capture@gstt.nhs.uk)*. To be added to CAPTURE as a user, you will require access to a smartphone or tablet computer as part of the security system to set-up your user account. Once access is to CAPTURE is approved, the CAPTURE team will contact you to arrange access and provide training.*

**SECTION 1:** *To be completed by the person requesting access to CAPTURE.*

**Name of user requesting access:** ………………………………………………………………………………………………………

**Title:** ……………………………………………………………………………………………………………………………………………….…

**Email (NHS where available, otherwise business email):** …………………………………………………………….…..

**Employer:** …………………………………………………………………………………………………………………………………….…..

**Job Title:** ……………………………………………………………………………………………………………………………………….….

**Study to which access is requested:** *Please tick all studies that apply.*

|  |  |
| --- | --- |
| **Study Name** | **Access Requested?** |
| BSTOP |  |
| BADBIR |  |
| PLUM |  |
| APRICOT |  |
| Other *(please indicate study name)*: |  |

**Locations to which access is required:** *Please indicate all locations that you should have access to data from for each study, providing details of the town/city, hospital, and NHS Trust.*

|  |  |
| --- | --- |
| **Study Name** | **Locations** |
| BSTOP |  |
| BADBIR |  |
| PLUM |  |
| APRICOT |  |
| Other *(please indicate study name)*: |  |

**Level of Data Access required:** *Please indicate the level of data access required for each study. Access levels may be different for each study.*

*Definitions of data access levels:*

* ***Patient identifiable:*** *information that could be used to directly identify a patient, e.g. name, date of birth, NHS number, hospital number.*
* ***Pseudo-anonymised****: individual patient data containing no patient identifiable information, but containing a unique patient study number or equivalent that could be used to link the information back to patient identifiable information if the necessary code was available.*
* ***Anonymised - individual patients:*** *individual patient data but containing no identifiable data or unique patient study number that could be used to link the data back to patient identifiable data.*
* ***Anonymised - aggregated data:*** *anonymised data as above, but only on an aggregate, cohort level, with no individual patient data available.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study Name** | **Patient Identifiable** | **Pseudo-anonymised** | **Anonymised - individual patients** | **Anonymised - aggregated data** |
| BSTOP |  |  |  |  |
| BADBIR |  |  |  |  |
| PLUM |  |  |  |  |
| APRICOT |  |  |  |  |
| Other *(please indicate study name)*: |  |  |  |  |

*Access to* ***patient identifiable****,* ***pseudonymised****, or* ***anonymised - individual patients*** *level data will require approval from:*

* *Individual Study Information Asset Owners e.g. the Chief Investigator or an agreed delegate (Principal Investigator, Clinical Trial Manager) for each study ticked. Please complete SECTION 3 of this form.*
* *CAPTURE Information Asset Owner - Professor Catherine Smith, or an agreed delegate (CAPTURE administrator). Please complete SECTION 4 of this form.*

*If access is only requested to anonymised - aggregated patient data, approval is only required from:*

* *CAPTURE Information Asset Owner - Professor Catherine Smith, or an agreed delegate (CAPTURE administrator). Please complete SECTION 4 of this form.*

**SECTION 2 - User Declaration:** *To be completed by the person requesting access to CAPTURE.*

“I am requesting access to the CAPTURE database for the study indicated above“.

“I agree to undertake training on the CAPTURE database as provided by the CAPTURE team”.

“The information I obtain through CAPTURE will only be used in accordance with the approved protocol and research governance submissions for the study“.

“I agree to abide by the terms and conditions of use of CAPTURE provided by Guy’s and St Thomas’ NHS Foundation Trust IT service as shown on the CAPTURE website”.

**Print Name:** ………………………………………………………………………………………………………………………………………..

**Signature:** ………………………………………………………… **Date:** …………………………………………………………………….

**SECTION 3 - Study Information Asset Owner Declaration:** *To be completed the Study Information Asset Owner or an agreed delegate, e.g. Site specific Principal Investigator or Clinical Trial Manager. Each individual study will need signed approval. A study information asset owner may indicate more than one study name if they are giving approval for multiple studies.*

*The study information asset owner is the senior individual involved in running the study e.g. Chief Investigator, who is responsible for ensuring that the confidentiality, integrity, and availability of all information that their study creates, receives, maintains, or transmits is protected against any reasonably anticipated threats or hazards to the security or integrity of such information.*

*For studies where an agreed delegate, e.g. a Site Specific Principal Investigator or Clinical Trial Manager, will sign the Study Information Asset Owner Declaration, the Chief Investigator of the Study in question should email the CAPTURE team* [*Capture@gstt.nhs.uk*](mailto:Capture@gstt.nhs.uk) *indicating their permission to delegate this role in the first instance.*

“I confirm that I am the Information Asset Owner or the agreed delegate for the study indicated. I give permission for the user named on this form to be given access to data from this study on CAPTURE at the locations and levels indicated”.

“I understand that I remain responsible for ensuring that the named user views, collects and uses the data in accordance with the approved protocol and research governance submissions for the study”.

“I will inform the CAPTURE team if a member of staff has left the study to ensure their CAPTURE access level can be reviewed/updated as required”.

**Study Information Asset Owner Name:** …………………………………………………………………………………………….

**Job Title/Role in Study:** ...........................................................................................................................

**Study Name:** ………………………………………………………………………………………………………………………………………

**Signature:** ………………………………………………………… **Date:** …………………………………………………………………….

**Study Information Asset Owner Name:** ……………………………………………………………………………………………..

**Job Title/Role in Study:** …………………………………………………………………………………………………………………….

**Study Name:** ………………………………………………………………………………………………………………………………………

**Signature:** ………………………………………………………… **Date:** …………………………………………………………………….

**SECTION 4 - CAPTURE Information Asset Owner Approval:** *To be completed for all CAPTURE access requests.*

“I confirm that I am the Information Asset Owner or an agreed delegate for CAPTURE. I give permission for the user named in SECTION 1 of this form to be given access to CAPTURE at the locations and data access levels indicated”.

**CAPTURE Information Asset Owner Name:** Professor Catherine Smith

**Job Title:** Professor of Dermatology and Therapeutics

**Signature:** ………………………………………………………… **Date:** …………………………………………………………………….