Pathology Queensland

Data Custodian Checklist

This checklist is to be used when you are requesting data for a non-research activity e.g., a clinical audit or quality assurance activity.

* Section 150 of the Hospital and Health Boards Act 2011 provides that a 'designated person' may disclose 'confidential information' to another 'designated person' if the disclosure is for the purpose of 'evaluating, managing, monitoring or planning health services'. A designated person is generally considered to be a Queensland Health employee or contracted by Queensland Health to perform a clinical service on their behalf. This does not include ‘honorary’ appointments at a public hospital, nor a university or research partner.

These activities are exempt from ethics review by a Human Research Ethics Committee (HREC). **However,** quality assurance activities where there is intent to publish findings may be submitted to the HREC Chairperson for an exemption of ethics review if required by the publishing Journal.

Individual patient consent should be obtained for case reports (ethics review is not required but, HREC Chairperson advice can be sought, if needed). Case reports involving more than 2 individuals are classified as a case series and require a low-risk ethics review.

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| --- | --- | --- | --- |
| Project Title: | | | |
| HREC Reference (if applicable) |  | | |
| Applicant name, title and institution/organisation |  | | |
| Data source requested |  | | |
| Number of records |  | Year span of dataset |  |

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| --- |
| Summary of audit / quality assurance activity: |
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| --- | --- | --- |
| Checklist Item: | Yes | No\* |
| 1. HREC Exemption Letter attached (if applicable) |  |  |
| 2. I am a Queensland Health employee |  |  |
| 3. Only Queensland Health employee(s) will have access to any identifiable/re-identifiable information |  |  |
| 4. Identifiable/re-identifiable information will only be shared with other Queensland Health employees |  |  |
| 5. The data will not be shared with, or used by, a student for submission in a thesis or research higher degree |  |  |
| 6. Publication of data - identifiable/re-identifiable information will be made non-identifiable for publication. Publication includes dissemination by article, thesis or presentation. |  |  |
| 7. My project synopsis and/or data management plan clearly articulates the data governance arrangement for the entire lifecycle of the activity (a to f, below) |  |  |
| 1. Data collection: specify all site(s) where data will be collected | | |
| 1. Data access: specify by whom data will be accessed at these site(s) | | |
| 1. Data transfer & security: specify the method that will be used to transfer the information between sites | | |
| 1. Data storage: include all site(s) at which data will be stored and specify how information security will be maintained | | |
| 1. Data retention: specify the period of retention of the data following completion of the activity | | |
| 1. Data disposal: specify how the information will be destroyed and the methods to be used | | |

\*If you have answered ‘No’ to any of these questions, please contact Pathology Queensland’s Client Services to discuss.

## Signature of applicant seeking data

Name: Position:

Institution/Organisation:

Signature: Date:

**Email this application to PathQldClients@health.qld.gov.au including all relevant documentation**

## Pathology Queensland Data Custodian Approval

**Pathology Queensland Data Custodian Approval**: I have considered this proposal and consulted the appropriate personnel and I confirm that I have seen all relevant documents that are required.

able to confirm that the access, use and disclosure of data is appropriate.

able to confirm that the data services indicated will be provided, within the present resources.

unable to provide data services indicated, on the following grounds:

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| --- |
|  |

*The custodian has supplied these data for a clinical audit / quality assurance activity request but makes no warranty as to the fitness of the data, nor of the proposed methods, for the purpose for which the data has been provided and do not necessarily represent those of Queensland Health.*

Name: Chief Pathologist, Pathology Queensland

Signature: Date:

## Contact Information

### PQ Client Services PQ Research Office

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