

AUSTRALASIAN DERMATOLOGY REGISTRY DATA ACCESS FORM

The ADR supports and encourages the use of registry data for research by providing de-identified data to sites that contribute data to the registry.

Participating sites can request access to data using this data access form.

All data requests are reviewed by the relevant scientific advisory committee for:

- Scientific merit
- Methodology

Prior to completing the data access form, we recommend researchers contact the registry at registry@australasiadermatologyregistry.com.au or (03) 9623 9470 to discuss the project design, identify if the study is already being conducted, if additional ethics approval is required, data available, and timeline for project review and data release.

Once the data are released, researchers have 12 months to complete the research project before the data becomes available for other researchers to complete the study. This is to prevent researchers reserving the data for future studies. An extension can be applied for if there are unexpected circumstances that prevented the research from occurring.

Research groups can only have two research projects on at a time, unless special approval is given. This is to ensure that that all groups have access to the data for research studies.

For further information please see the [Data Access Policy](#)

APPLICANT DETAILS

Name:

Email:

Phone:

Institute:

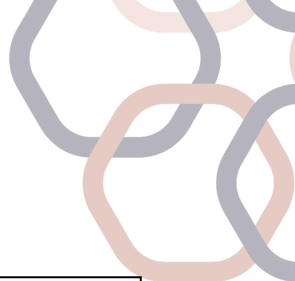
Position:

Other investigators:

PROJECT DETAILS

Title:

Aim/hypothesis:



Background/rationale (max 500 words)

Methodology (max 500 words)

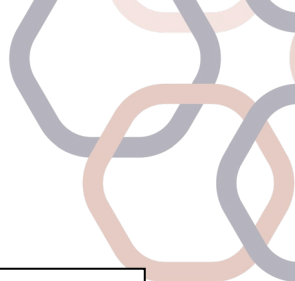
DATA REQUESTED

- Skin condition(s):
- Atopic Dermatitis
 - Hidradenitis Suppurativa
 - Psoriasis
 - Vitiligo

Diagnosis:

Treatment:

Date range (if applicable):



Data items requested (please list all data items required)

Data limitations (if any, eg data range, biologics only)

ACKNOWLEDGEMENT OF ADR

I agree to acknowledge the ADR, registry participants, participating sites and registry sponsors in any publication or presentation using registry data

REVIEW OF ANY PUBLICATION OR PRESENTATION

I agree to submit my publication/presentation to the appropriate scientific advisory committee for review prior to submission

NOTIFICATION OF PUBLICATION AND/OR PRESENTATION

I agree to inform the registry of any publication or presentation utilising ADR data

SIGNATURE:

DATE:

Please return the completed form to registry@australasiadermatologyregistry.org.au