Victorian Orthopaedic Trauma Outcomes Registry (VOTOR)

Data Release Request Form

To complete this form in Word:

- Place the cursor in the required field
- Tab to move to the next field
- Double click on check boxes to mark

Once all fields have been completed, please email the form and all attachments to Melissa Hart, VOTOR coordinator: [Melissa.Hart@monash.edu.](mailto:Melissa.Hart@monash.edu)

Section 1

1.1 Contact details

Date:	
Principal Requestor:	
Contact Person:	
Telephone:	**Mobile:**
Email:	
Organisation:	
Address:	

1.2 Are you a Student? ☐ Yes ☐ No

Supervisor:	
Supervisor Contact details:	

Signature of Supervisor:
Signature of Supporting Head of Department:

1.3 Data required

Please advise the nature of the data required in the field below

1.4 Date data required by

The registry will endeavour to provide the data by the nominated date. However this is dependent on the available resources at the time of the request and the complexity of the analysis (if required).

Section 2
2.1 Title of Project

2.2 Please provide a brief review of relevant literature and evidence summarised in a way that explains and justifies the rationale for the project (300 word maximum plus key references).

2.3 Aims of Project

2.4 Please state the possible outcomes and clinical significance of this research

2.5 Methodology of Project

2.6 VOTOR Data Request

Please list inclusion and exclusion criteria (Injury Date Range, Age Range, Selected ICD-10 Codes for specific injuries).

2.7 Data required

☐ Summary/aggregate data ☐ Patient level data

      2.7.1 If patient level data is required, should this be ☐ identifiable OR ☐ de-identified?

2.8 Please list the data items relevant to your research and justification for each data item requested.

VOTOR Data Items	Yes	Justification
DOB		
Age		
Sex		
Medical Record Number		
Hospital		
Fund (e.g. TAC, workcover, private, etc)		
Residential postcode		
Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) This is mapped from patient postcode		
Accessibility/Remoteness Index of Australia (ARIA) This is mapped from patient postcode		
Date of injury		
Arrival date and time to hospital		
ICU days		
Discharge destination		
Discharge date		
Length of stay		
Death date (in-hospital, post discharge) includes after all follow-up time points 6-months, 12-months, 24-months		
Patient Level of Education		
Pre Injury Work Status (occupation) Please note change from ASCO to ANZSCO 17/2/2020		
ICD-10-AM codes (Yes, No) • Diagnosis • Procedures • Injury event details (Cause, Activity, Intent and Place). These		

are mapped from ICD-10 diagnosis codes).		
• **Charlson Comorbidity Index** This is mapped from ICD-10 diagnosis codes.		
• **Injury groupings** This assists with identification and frequency of injuries (e.g. pelvis fractures, hip dislocations, forearm fractures, spine fractures)		
Injury Severity Score (ISS) and MaxAIS (This is available for selected cases)		
Prosthetic details (Yes, No) • **Prosthetic count** (Number of implants)		
• **Operation date(s)**		
• **Vendor(s)**		
• **Surgical procedure code(s)**		
• **Item description(s)**		
• **Quantity(ies)**		
• **Cost(s)**		
Patient contact details (This should *only* be requested if direct contact with patients is required for study)		
Next of kin contact details (This should *only* be requested if direct contact with next of kin is required for study)		
VOTOR Outcome Data (Data collected at 6, 12 and 24 months post injury)		
Patient current residential status (6, 12 and 24 months)		
Return to work (6, 12 and 24 months) Please note there were changes to work questions in June 2020 to reflect impact of work status due to COVID-19		
Marital status prior, 6, 12 and 24 months		
Pain (Numerical Rating Scale obtained at 6, 12 and 24 months)		
SF-12 Health Survey (acute). This is obtained from the patient **ONLY** and at 6, 12 and 24 months). Data is only available until January 2016.		
WHODAS (6, 12 and 24 months) This is available for follow-ups from January 2016.		
Global Outcome Assessment (6, 12 and 24 months)		
EQ-5D 3L (data from Sept 2009 for 6, 12 and 24 months) and **EQ-5D-5L** (DOIJ from 1st July 2018)		
Glasgow Outcome Scale (Extended) (6, 12 and 24 months). Please note from 15/4/2020:		

• Cases with DOIJ ≥1/7/2019 will no longer have GOSE collected at 6, 12 or 24 months follow-up unless they have a Head region AIS ≥3 • Cases with a DOIJ < 1/7/2019 will only have GOSE collected if they a Head region AIS ≥3 (or if AIS is null then no GOSE)		

2.9 What input will be required from VOTOR personnel?

☐ Clinical   ☐ Biostatistical

☐ Epidemiological   ☐ Other

      2.9.1 Have you discussed the request for assistance with VOTOR personnel? ☐ Yes ☐ No

      If yes, who have you approached?

      ☐

      2.9.2 If VOTOR assistance is not required who is providing external assistance?

      ☐

2.10 Is this a funded research project?   ☐ Yes ☐ No

      If yes, who has funded the project?

      ☐

      Was VOTOR formally involved in the grant application?   ☐ Yes ☐ No

2.11 Budget

Please attach a detailed budget for the project to this form.

2.12 Have you received Ethics Committee approval to access VOTOR data? ☐ Yes ☐ No

If yes, please attach a copy of the approval certificate(s).

2.13 Have you read and signed the VOTOR data access policy?   ☐ Yes ☐ No

Please note your Supervisor and/or Head of Supporting Department signatures must also be obtained and submitted with the data request.

2.14 Have you read and signed the VOTOR data access fee policy?   ☐ Yes ☐ No

Please note your Supervisor and/or Head of Supporting Department signatures must also be obtained and submitted with the data request.

2.15 Please attach signed copies of the VOTOR data access policy, VOTOR data access fee policy and authorship policy.

2.16 Please provide an electronic copy of the ethics application and approval certificate for this project.

Section 3

Approved by Chair, VOTOR Steering Committee (on behalf of the VOTOR Steering Committee)

Name:

Signature: Date:

If not approved, reason(s) why the project was not approved by the VOTOR Steering Committee: