



# British Spinal Registry

## Data Release Request Form

Only anonymised data will be released if this request is approved.

All sections of this form must be completed.

Please submit your completed form electronically to [customer.support@amplitude-clinical.com](mailto:customer.support@amplitude-clinical.com).

The committee will then be in contact in due course with any additional questions.

## Principal Requester Contact Details

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Hospital: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of application: \_\_\_\_\_

## Data information

Please list each individual who will have access to data:

**Name and role:** \_\_\_\_\_

**Name and role:** \_\_\_\_\_

**Name and role:** \_\_\_\_\_

**Name and role:** \_\_\_\_\_

Details of audit / data usage (intended use of data):

[illegible]

### Data required:

[illegible]

## Any other data specifics?

[illegible]