

- Dandenong Hospital       MMC – Clayton
- Kingston Centre           MMC– Moorabbin
- Jessie McPherson         Community Health Services
- Casey Hospital             Cranbourne Integrated Care Centre

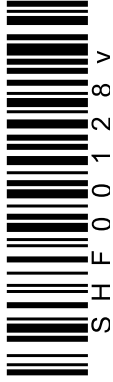
Unit Record Number: .....

Surname: .....

Given Name: .....

D.O.B.: ..... Age: ..... Sex: .....

*Affix Patient Identification Label*



## External Research Request

### Patient Details

<b>Surname</b>		<b>Given Name(s)</b>	
<b>Address</b>			
<b>Date of Birth</b>		<b>UR No. (if known)</b>	

### Requestor Details

<b>Organisation</b>			
<b>Requestors Name</b>			
<b>Address</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>			

### Documents Requested (Please tick the appropriate box(es))

- Discharge Summaries.....
- Operation Report/s.....
- Result/s.....
- Other (please describe).....

### Fees and Charges (Please tick the appropriate box)

Charges apply for each patient request for health information. Once the completed form has been returned to Monash Health an invoice will be raised and sent to you. When payment for charges is received your request will be processed.

- Investigator Driven or Collaborative Group Research**      \$20.00 +GST per patient request
- Commercially Sponsored Research**                              \$50.00 +GST per patient request

### Other Requirements (Please ensure documentation is attached to completed request)

- Approval from a Human Research Ethics Committee
- Site Specific Authorisation from the site where the participant is enrolled in the study
- Signed Participant Information and Consent Form from the participant authorising you to access their health information held by another health service, to be accessed for the purpose of the research study

<b>Requestor's Signature:</b>	<b>Date:</b> ____/____/____
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If you have any queries, please contact the Release of Information Unit on 9594 2112 or by email at [health.info@monashhealth.org](mailto:health.info@monashhealth.org).

EXTERNAL RESEARCH REQUEST

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