## **Photonet**

## **National Managed Clinical Network**

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| --- |
| Photonet Data Request Form |
| **Date Request made** |  | **Title**  |  |
|  |
| **Forename** |  | **Surname** |  |
|  |  |  |  |
| **Email address** |  |
|  |
| **Department** |  | **Designation** |  |
|  |
| **Treatment Centre**  |  | **Health Board** |  |
|  |
| **Reason for data Request** |  |
|  |
| **Criteria of query you require to be created:** |
| I have read the attached information and understand that access rights will be subject to regular audit, in line with data protection legislation. |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to:

**Photonet Network Office/ nss.photonet@nhs.scot**

**Room 1017, Kings Cross Hospital,**

**Clepington Road, DUNDEE, DD3 8EA**

***Office use only***

Signature & date: …………………………………………………………………………………….

 (*To be authorised by Photonet Lead Clinician or Network Programme Manager*)