## **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*)