

THE SCCANZ SURGICAL AUDIT RESEARCH PROJECT
Personal Computer and On-line Versions
CONSENT FORM

I have read the document titled "The SCCANZ Surgical Audit Research Project Consent Information Sheet".

1. I am participating in or wish to participate in the SCCANZ Surgical Audit – Self Audit Tool.
2. I am a medical practitioner registered by a medical board in one of the states or territories of Australia or I am qualified a medical practitioner registered by the appropriate statutory authority in the country where I practise medicine.
3. I hereby grant consent for de-identified data that I have recorded and/or will record for the purpose of the SCCANZ Surgical Audit – Self Audit Tool and which I will forward to the SCCANZ to be placed on a database and analysed for research purposes including publication.

Or

I am recording and/or will record data for the purpose of the SCCANZ Surgical Audit – Self Audit Tool. I will forward data which has been de-identified with respect to patient identity and I request a "Self-Audit Tool" report on pooled data so that I can compare my data to pooled data *but I do not consent to my data being added to pooled data which is used for the research project and I request that it NOT be added to this pool.*

4. *I understand that I do not have complete and sign this form and I do not have to export any data to the pooled data if I so choose and that in such a situation I can still confidentially compare my own computer generated report to the report on the pooled data of the other participating doctors.*

If you agree to one of the options in section 3, please cross out one part of section 3 as appropriate and sign and forward this form.

Signed,

Date: ___ / ___ / ___

Please print full name below

Dr _____

Forward to: SCCANZ Audit
 PO Box 734
 Capalaba Qld 4157
 Australia