

Actual data requested: *(Please add as an attachment, if necessary)*

Is this for a funded research project? Yes No

If YES, who has funded the project? _____

Was VSTORM formally involved in the grant application? Yes No

Have you received Ethics Committee approval to access VSTORM data? *If YES, please attach copy of ethics application and approval*

Yes No

What do you expect to use this information for (eg. Conference, publication)? _____

Have you read the VSTORM data access policy? Yes No

Do you agree to follow it? Yes No

Have you read the VSTORM data access fee document? Yes No

Do you agree to consider a cost estimate from VSTORM before your request is formalised? Yes No

Have you read the VSTORM data access authorship and acknowledgements document? Yes No

Do you agree to comply with this? Yes No

Are any co-investigators also VSTORM Steering committee members? Yes No

If yes, please list: _____

How did you find out about accessing VSTORM data? _____

Signed: _____ Date: _____

PRINT: _____

Approved by Head of VSTORM

Signature: _____ Date: _____

Return to:
Sue McLellan
DEPM, Monash University
553 St Kilda Road, MELBOURNE VIC 3004
PHONE 03 9903 0962
FAX 9903 0556
EMAIL: susan.mclellan@monash.edu
www.med.monash.edu.au/epidemiology/

