**BTS DATA ACCESS REQUEST – SCOPING FORM**

*Please complete this form if you are considering an application to access data from the BTS Clinical Audit Programme/BTS Lung Disease Registry/MDR-TB CAS. The purpose of submitting this form is to determine how many records we have which fit your requirements, so that you may then choose whether or not to proceed with an application. This form will not be assessed to provide an opinion on your application.*

Please email the completed form to [bts@brit-thoracic.org.uk](mailto:bts@brit-thoracic.org.uk)

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| --- | --- | --- |
| Name: |  | |
| Job title: |  | |
| Institution / Company / Organisation: |  | |
| Email: |  | |
| Which BTS dataset do you intend to request? | Clinical Audit Programme  Audit name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Audit period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BTS Lung Disease Registry  UK IPF Registry  UK Sarcoidosis Registry  BTS MDR-TB Clinical Advice Service |
| Please give a very brief overview of your proposed project *(a sentence or two only)* |  | |
| Please give up to five conditions which you would need your data items to meet:  *(e.g. female patients with an FVC over 80% who presented at clinic in 2013, have a first degree relative with IPF and have no history of smoking)* |  | |
| Date by which response is required: |  | |