

**Concept Sheet**

**Australian Collaboration for Coordinated Enhanced Sentinel Surveillance**

**Lasted Edited 20 July 2021**

Request number: # (for internal purposes)

**Please complete and submit this form here:** <https://redcap.burnet.edu.au/surveys/?s=N3R4WFJE3D>

**Part 1**

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| **Background and details** | |
| **1. Date of request:** | |
| **2. Contact details** | |
| Name |  |
| Organization |  |
| Phone Number |  |
| Email |  |
| **3. Study title:** | |
| **4. Study purpose:**  (i) Research publication (e.g., manuscript, conference abstract)  (ii) Internal purposes   * Exploratory analysis (e.g., checking completeness of data, new disease) * Clinical audit (e.g., quality improvement) * Funding proposal * Other, please specify:   If (i), **please** **complete all sections.**  If (ii), **please** **complete sections 11 and 12, as well as Part 2.** | |
| **5. Study institute(s):** | |
| **6. Proposed author list:**    Please note: Two to three authorship spots should be reserved for researchers or representatives from: a) ACCESS services,prioritizing those contributing more than half of all data in an analysis; and b) community organisations that work with priority populations (e.g., Aboriginal and Torres Strait Islanders).  Have you proposed site and community representatives?  Are you aware of anyone else in the ACCESS network (or Australia) who has a substantial interest in this topic and if so, should they be invited as a co-author? | |
| **7. ACCESS data management staff:** (to be completed by ACCESS)  a) Data analyst (who will prepare dataset):  b) Investigator/statistician (who will run statistical analysis): | |
| **8. Has ethical approval been obtained for your study?** Existing ACCESS approvals cover most standard analyses; contact the study coordinator for more details  Yes  No **Comments:** | |
| **9. Data security** Please confirm that you will adhere to the following security requirements  Before data files are provided, I will read and sign a confidentiality agreement  Before data files are provided, I will read and adhere to the ACCESS Data Handling Policy Statement | |
| **10. Study background and references.** Please be brief. Tell us how your project expands on past literature and why it is important (max 200 words). | |
| **11. Objective(s):** | |
| **12. Proposed analysis:** Please be brief. Tell us about your proposed analysis (max 200 words). | |
| **13. Potential limitations:** | |
| **14. Study population:** | |
| **15. How will findings of the study be utilized and reported?** | |

**Part 2**

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| **Data Requested** Please provide as much detail as possible regarding the specific data you require | | |
| Date required: | | |
| **Inclusion Criteria** | | |
| Date range: |  | |
| Age range: |  | |
| Sex/gender: | Male  Female  Intersex  Trans male  Trans female | |
| State/region: |  | |
| Population(s): | Gay/bisexual  Sex workers  Injecting drug users  All patients | |
| Other population details/exclusions |  | |
| Service type(s) | General practice  Sexual health clinic  Hospital  Community-led health service  Drug and alcohol service  Pathology laboratories  Other (e.g., specific services): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Variables requested**  From the list below, please select the per-patient, per-consultation variables that you require. Please note that some variables are not available at every site or for every patient. If you are only request laboratory data, please contact the study coordinator. | | |
| Consultation  Visit date  Visit type  Visit reason  Patient  Patient age  Patient year of birth  Patient gender  Indigenous status  Patient postcode  Country of birth  Traveler status  Year of arrival in Australia  Preferred language  Sexual orientation  Behavior/risk (sexual health clinics only):  Condom use  Injecting drug use  Sexual partner gender  Sexual partner numbers  Sex work info | | Tests, results, and diagnoses  Chlamydia  Gonorrhea  Syphilis  HIV  HIV viral load  CD4 cell count  Hepatitis A  Hepatitis B  Hepatitis C  Hepatitis B vaccination details  HPV vaccination details  Others(s):  Treatment  Antiretroviral treatment for HIV  PrEP  Other(s): |
| **Required for**  All consultations (including those where no BBV/STI/HIV test was requested)  Only those where a BBV/STI/HIV test was conducted  Only those with a positive BBV/STI/HIV result | | |
| **Format required** Check one or contact the project coordinator for more detail  Line listed: One row per test (tests from different anatomical sites listed separately)  Line listed: One row per consultation (all tests in a single patient grouped)  Line listed: One row per patient (all tests and consultations in a single patient grouped)  Other (please specify): | | |
| **File format**  Stata (.dta).  Microsoft Excel (.xlsx)  Comma delimited (.csv)  Other (please specify): | | |

**Part 3**

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| **Agreement** |
| By submitting this form, I agree to the following:  I agree to adhere to ACCESS policies regarding data use and authorship.  I agree to provide a copy of all reports or publications arising from these data.  I agree to provide annual progress reports on the study (if longer than 12 months).  I agree to adhere to the ACCESS Data Handling Policies referred to in section 9 above. |
| Save using the following convention: [First author surname] Short title YYYY-MM-DD.docx  **Please complete and submit this form here:** [**https://redcap.burnet.edu.au/surveys/?s=N3R4WFJE3D**](https://redcap.burnet.edu.au/surveys/?s=N3R4WFJE3D) |
| **To be completed by the ACCESS coordinator**  Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Executive committee comments:  General comments: [insert].  Specific comments are also provided in the main text.  Please address each comment and send back a tracked and clean version for final approval.  **Guidelines for all investigators:**  Once approved, the project will be assigned to an ACCESS team member (see section 6) who will prepare the dataset for the analysis and who will contact you directly to allow access to the dataset through the ACCESS Collaborator server via Virtual Private Network.  We also asked that you review our ‘Data Handing Policy’ and ‘Authorship Guidelines’ and ensure that all relevant co-authors are notified of the approved project and invited to provide feedback early on (i.e., NOT just before an abstract submission deadline or final draft of a paper).  Please contact the ACCESS team member listed in section 6 for any questions. |
| **Note: All approved concept sheets should be converted to pdf format and electronically stored on the shared drive.** |