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

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

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

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 data security requirements listed in Item 8.

Save using the following convention: [First author surname] Short title YYYY-MM-DD.docx

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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.