

# Research activities database: registration proforma

Project Information Required for Database Registration

**Activity/study title:**

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**Aim and brief description of activity/study.**

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**At what stage is the study at this time** (eg. planning, piloting, data collection, data analysis, concluded):

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**Project starting date** (eg. 6/92):

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**(Anticipated) completion date** (eg. 8/95):

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**Target population/study group** (eg. elderly, people with diabetes etc...):

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**Sample size and type** (eg. 60 female lung cancer patients and 60 control subjects, 5000 inpatient admissions, etc...):

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**Nature of the intervention/study** (eg. surgery, education, diagnostic procedure etc...):

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**Setting of the intervention/study** (eg. hospital inpatient ward, general practice, community etc...):

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**Describe the research methods being used** (eg. pre- and post-intervention measurement, regional comparisons, use of control groups, etc...):

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**List of outcomes being measured and the measurement instruments used for each outcome :**

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**Were any of the instruments used in your study developed specifically for your study?**

If yes, please provide further details:

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**Funding source** (if applicable):

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**Describe briefly any findings that are available from this study** (provisional/unpublished/published) and provide journal references as appropriate:

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**Have you undertaken or published any outcomes studies previously?** Please circle

No / Yes

If yes could you provide journal references or an attachment as appropriate:

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## THANK-YOU FOR YOUR CO-OPERATION.

The Collaboration Team may contact you for further information following receipt of this proforma.

**Contact name:**

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**Organisation:**

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**Address:**

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.....

**Date:** .....

**Telephone:** ( ..... ) .....

**Fax:** ( ..... ) .....

**Email address:** .....

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## Other members of the research/project team:

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## PRIVACY/CONFIDENTIALITY

The intention of the Australian Health Outcomes Collaboration is to provide open access, and facilitate the exchange of information in this area. However, if you require any of the above information to remain confidential it will not be released to any person, Government Department or other organisations outside the Australian Health Outcomes Collaboration, Centre for Health Service Development, University of Wollongong without your written permission.

**Please indicate if the information provided by you above is to be treated in confidence** : please circle

Yes / No / Other (eg. partial confidentiality)

Please specify

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Please return completed proformas to:

Jan Sansoni  
Australian Health Outcomes Collaboration  
Building 8, The Canberra Hospital  
PO Box 11  
WODEN ACT 2606 AUSTRALIA

Phone: 02-6291-7271 or 02-6205-0869 Fax: 02-6244-4201  
email: jansan@netspeed.com.au or Lorna.Tilley@act.gov.au