



DATA REQUEST FORM

Data Release Request Form

Only anonymised data will be released if this request is approved.

All sections of this form must be completed.

Please submit your completed form electronically to customer.support@amplitude-clinical.co.uk.

The Steering Group will then be in contact in due course with any additional questions.

Principal Requester Contact Details

Name: _____

Email: _____

Telephone: _____

Position: _____

Hospital: _____

Organisation: _____

Address: _____

Date of application: _____

Data information

Please list each individual who will have access to data:

Name and role: _____

Name and role: _____

Name and role: _____

Name and role: _____

Details of audit / data usage (intended use of data):

Data required:

Any other data specifics?
