## Short Title of Project

|  |
| --- |
|  |

## Dates of data required

|  |
| --- |
|  |

## Applicant Information

All correspondence regarding this application should be directed to:

|  |  |
| --- | --- |
| Title / Name |  |
| Position |  |
| Organisation |  |
| Affiliation |  |
| Address |  |
| Phone number |  |
| Email |  |

## Requesting Party (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hospital / Health Service/Facility |  | Clinician / Clinical Department |
|  | Government Department |  | Industry |
|  | Research / Academic Institution |  | Other (please specify): |
|  | Other Registry |

## Purpose of Data Request (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Academic Research |  | Policy Development |
|  | Clinical Investigation |  | Clinical Care Quality / Audit |
|  | Health Service Planning |  | Other (please specify): |

## Please List all Other Researchers/Collaborators/Institutions on this Project

|  |
| --- |
| Include all persons or groups who will or may have access to ANZFFR data |

## Project Description

|  |
| --- |
| Please provide a short description of your project, and please attach a comprehensive protocol to your application. |

## Hypothesis and specific research, clinical or policy question

|  |
| --- |
|  |

## Cohort description, specifying any inclusion / exclusion criteria

|  |
| --- |
|  |

## Intended use of findings / results

|  |
| --- |
| Include intended publications, reports, presentations, and any other anticipated uses. |

## Level of Identifiable data requested

⃝ Anonymised ⃝ De-identified ⃝ Identifiable

## Security and storage of data

|  |
| --- |
| List all locations where data will be stored and analysed, and specify the measures taken to ensure security of information from misuse, loss, or unauthorised access. |

## Data Retention and Disposal Plan

|  |
| --- |
| Specify the period of data retention following completion of the project and how information will be destroyed or archived. |

## Project Funding

|  |
| --- |
| Please indicate if the project is being funded and by whom |

## Ethics Committee Approval

|  |
| --- |
| Please indicate if Ethics Committee approval has been received. If so, please attach the approval letter and other project documentation submitted with the ethics application.  If Ethics Committee approval not appropriate, please describe how privacy and data legislation compliance is achieved.  Note: Researchers in New Zealand may use their institutional ethics committees (DHB or University) rather than the National Health and Disability Ethics Committee. |

## Select Jurisdiction(s) of Interest:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All Australia |  | All New Zealand |  | All Australia and New Zealand |
|  | Queensland |  | New South Wales |  | Victoria |
|  | Tasmania |  | South Australia |  | Western Australia |
|  | Northern Territory |  | ACT |  | Other (please specify): |

## Please complete Appendix A: ANZFFR Data Variable Checklist to specify the ANZFFR fields that are required for this project

### Declaration:

I agree to comply with the ANZFFR Data Access Policy

I have read and agree to the ANZFFR Confidentiality Agreement

I agree to provide an annual report on use of provided data

I agree to provide a final report when data use has been completed

I agree to acknowledge the ANZFFR in all reports and publications

I agree to provide the ANZFFR Steering Committee with reports and publications for review at least 15 working days before submission for public release

### Name:

### Organisation:

### Signature:

### Date:

# Appendix A: ANZFFR Data Variable Checklist

This list of data variables of the ANZFFR relates to the current approved version of the ANZFFR Data Dictionary, version 1.1, 09 November 2021. Variables that may identify individual participants or sites have not been included.

Please provide justification for each variable requested.

| **Requested Variable** | | **Justification** |
| --- | --- | --- |
| **Patient Information** | | |
|  | Sex |  |
|  | Age (derived) |  |
|  | New Zealand ethnic status |  |
|  | Australian Indigenous status |  |
| **Identification** | | |
|  | Index Fracture date |  |
|  | Primary index fracture site |  |
|  | Second index fracture site |  |
|  | Third index fracture site |  |
|  | Appropriate for further assessment |  |
|  | Reason not appropriate for further assessment |  |
|  | Type of fracture |  |
|  | Admission to hospital |  |
|  | Method of identification |  |
|  | Pre-fracture residence |  |
|  | Pre-fracture mobility |  |
|  | Pre-fracture cognitive status |  |
| **Investigation - Bone Health Assessment** | | |
|  | Date of assessment |  |
|  | Reported previous fragility fractures |  |
|  | Parental history of hip fracture |  |
|  | Early menopause |  |
|  | Current smoker |  |
|  | Glucocorticoids |  |
|  | Rheumatoid arthritis |  |
|  | Alcohol use |  |
|  | Current osteoporosis specific treatment |  |
|  | Thoraco-lumbar imaging |  |
|  | Thoraco-lumbar imaging date |  |
|  | Secondary cause review |  |
|  | Secondary cause blood tests |  |
|  | Creatinine clearance (Cockroft Gault) |  |
|  | Patient weight |  |
|  | Patient height |  |
|  | Body mass index |  |
|  | FRAX score |  |
|  | Garvan score |  |
| **Investigation - Falls Risk Assessment and Referrals** | | |
|  | Falls risk assessment date |  |
|  | What happened |  |
|  | Potential cardiac cause |  |
|  | Two or more slips, trips, and falls in previous 12 months |  |
|  | Fear of falling |  |
|  | Pre-fracture strength |  |
|  | Strength and balance referrals |  |
|  | Strength and balance referral date |  |
|  | Falls related, assessment referrals |  |
| **Investigation - DXA** | | |
|  | DXA ordered or not |  |
|  | Date DXA ordered |  |
|  | DXA date |  |
|  | DXA spine T-score |  |
|  | DXA hip T-score |  |
| **Intervention** | | |
|  | Osteoporosis specific treatment recommendation |  |
|  | Reason treatment not recommended |  |
|  | Date of osteoporosis treatment recommendation |  |
|  | Vitamin D (Residential Aged Care Facility, RACF) |  |
|  | Long term plan |  |
|  | Long term plan date |  |
|  | Information package |  |
| **Follow up at 16 weeks** | | |
|  | Follow up at 16 weeks |  |
|  | 16 week follow up date |  |
|  | 16-week residence |  |
|  | 16-week mobility |  |
|  | Medication commenced |  |
|  | 16-week medication |  |
|  | Strength and balance started |  |
| **Follow up at 52 weeks (50-54 weeks)** | | |
|  | Follow up at 52 weeks |  |
|  | 52-week follow up date |  |
|  | 52-week residence |  |
|  | 52-week mobility |  |
|  | 52-week medication |  |
|  | Reason for no medication at 52 weeks |  |
|  | Further falls |  |
|  | Strength and balance |  |
|  | Further fracture |  |
| **Mortality** | | |
|  | Matched Mortality (MoH) |  |