

APSU CONTACT PERMISSION FORM

I will participate in the active surveillance of uncommon high impact conditions of childhood through the APSU and report by email at the end of each month.

Please provide your preferred contact details for APSU correspondence – please include telephone number and email:

Title: _____ First Name: _____ Surname: _____

Hospital / Practice Address (including department): _____

_____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

Email: _____

1. My qualifications are: _____

2. What percentage of your patients are under 16 years of age? 0-49% 50-100%

3. Does your clinical practice involve acute admissions? Yes No

4. Which of the following best describes the nature of your practice?

General paediatrician working in general paediatrics

Subspecialty paediatrician(s), please specify: _____

Other; please specify (s): _____

I am not currently in clinical paediatric practice (please specify: leave, research, admin, other): _____

Please contact me in 6-12 months Yes No

Signature: _____ Date: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

Please email to SCHN-APSU@health.nsw.gov.au or Fax to (02) 9845 3082

CONFIDENTIALITY

Your personal information and any data you provide to the APSU are confidential and will not be used for any other purpose or disclosed to a third party without your permission. If you report a case, your contact details will be forwarded to the appropriate Surveillance Study Investigators for the collection of brief de-identified clinical information about that case.

All APSU studies undergo review by a Human Research Ethics Committee prior to commencement. Surveillance study data are stored and managed according to NHMRC National Statement on Ethical Conduct in Human Research.

As a contributor to APSU, you may be acknowledged by name in the Annual Report or publications unless you indicate otherwise.

I do not wish to be acknowledged by name in APSU reports or publications