



# Murdoch Children's Research Institute (MCRI)

## Transfer of Data Form

### Notes

- *Transfer of Data Forms must be prepared in accordance with with the study's Data Sharing and Access requirements, including all relevant MCRI policies and procedures, the MCRI Data Sharing and Access SOP, and must also be consistent with the Protocol, Patient Information and Consent Form (PICF) and the terms of any funding, collaboration agreements or other legal agreements governing the project.*
- *Transfer of Data Forms must be completed for every data transfer and must accompany any prepared and released Data Pack sent to Data Requestors.*
- **SECTION A:** *To be completed by the Sponsor-Investigator/Project Lead (or delegate) providing the requested dataset.*
- **SECTION B:** *To be completed by the Data Requestor upon provision of requested dataset to confirm receipt of Data Pack.*

Completed and signed forms must be returned to the MCRI Sponsorship Committee c/o the Melbourne Children's Trial Centre at the following email address: [MCTC@mcri.edu.au](mailto:MCTC@mcri.edu.au)

### MCRI PROJECT DETAILS

MCRI Protocol Title	
Protocol Number	
HREC Approval Number	
Sponsor-Investigator Name	
Statistician	



**Part A: To be completed by the Sponsor-Investigator/Project Lead (or delegate) providing the dataset**

DATA TRANSFER DETAILS		
Data Requesters Project/Study Title		
Data Requesters HREC Approval Number		
Name of Data Requester/Recipient		
Details/description of Dataset to be Transferred		
File Name		
File Format <i>(Select one)</i>	<input type="checkbox"/> CSV files with raw data <input type="checkbox"/> CSV files with labelled data <input type="checkbox"/> Files for SAS <input type="checkbox"/> Files for Stata <input type="checkbox"/> Files for SPSS <input type="checkbox"/> Files for R <input type="checkbox"/> CDISC ODM XML <input type="checkbox"/> Another format; specify:	
Method of Transfer		
Is a data dictionary included in the transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What other documents have been provided?	Study Protocol	<input type="checkbox"/>
	Statistical Analysis Plan (SAP)	<input type="checkbox"/>



<i>(Select all that apply)</i>	Informed Consent Form	<input type="checkbox"/>
	Clinical Study Report / Statistical Report	<input type="checkbox"/>
	Analytic Code	<input type="checkbox"/>
	Other, specify:	<input type="checkbox"/>
	None / Not applicable	<input type="checkbox"/>
<b>Additional Comments</b>		

VALIDATION STATEMENT & TRANSFER OF DATA APPROVAL			
<b>Name of Person who Prepared Dataset for Transfer</b>			
<b>Role</b>			
<input type="checkbox"/> The Dataset is complete and validated <input type="checkbox"/> The Dataset is incomplete and/or non-validated			
<b>Signature</b>		<b>Date</b>	

DATE OF TRANSFER	
<b>Name of Person who Transferred the Dataset</b>	
<b>Role</b>	
<b>Date of Dataset Transfer</b>	
<b>Signature</b>	



**Part B: To be completed by the Data Requester upon receipt of Data Pack:**

CONFIRMATION OF RECEIPT OF DATASET	
<i>I confirm that a complete and accurate dataset has been received in accordance with the descriptions outlined above:</i>	
Data Recipient Name	
Data Recipient Signature	
Date of Dataset Receipt	

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