

**NATIONAL CATARACT SURGERY REGISTRY
RELEASE OF DATA
APPLICATION FORM**

CRC and all registries operated by CRC in collaboration with various professional groups, encourages use of its data for a variety of purposes such as research, clinical, planning, or business. Please refer to the "Data Request Guideline" for details

*Each request for release of data must be accompanied by this completed form.
Please type or print clearly.*

Please return this completed form along with other required documents (refer Data Request Guideline) to the address below:

Attention:
Manager,
Cataract Surgery Registry Unit,
Clinical Research Centre,
2nd Floor, 29 & 31
Wisma Mepro
Jalan Ipoh, 51200
Kuala Lumpur, Malaysia

or contact:
Telephone No.: 603-40455652
Fax No.:603-40451252
EMail: ncsr@crc.gov.my

All correspondence regarding this application should be directed to:

Name/Affiliation: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

1. Name of Responsible Individual (for research purpose, name of Principal Investigator):

2. Affiliation, if applicable: _____

3. Requesting party: SDP Research/ Academic Inst. Registry
 Govt Department NGO Industry
 Treating Physician Subject Others, specify _____

4. Purpose of data request: Research Clinical Planning
 Business Subject Data Others, specify _____

Describe details, if necessary in separate document:

5. Data Request: *(Describe the data or information sought, if necessary in a separate document)*

6. Check submitted documents where applicable:

Signed and dated agreement Research proposal Other supporting document(s) from requesting

For Office Use Only

Check if approved

Approved By: _____

Processing Fee: _____