Post Pelvic Surgery Research Group

Research Proposal and Data Access Request

For office use

Proposal ref | Date received

Complete this form on screen, save it, and upload it at guysppsproject.com or email it to info@guysppsproject.com. Fields marked * are required. Dates as DD/MM/YYYY.

1. Applicant

Name *

Job title / grade *

Institution and department *

Email *

Consultant supervisor *

Consultant supervisor's email *

The senior author. They are emailed a link to sign the proposal, as are you (Fin, 16 Nov 2026).

Co-investigators and affiliations

2. Project

Title of project *

Date of submission *

Summary of project (aims, hypothesis and endpoints) *

Methodology, including statistical analysis plan *

State the planned analyses, any sample size justification, and whether statistical support has been sought.

Timeline of project and expected end date *

Intended outputs and dissemination *

e.g. peer-reviewed publication, conference abstract, thesis chapter. Authorship to follow ICMJE criteria; the Post Pelvic Surgery Research Group, Majed Shabbir, Arun Sahai and Findlay MacAskill should be acknowledged in all outputs.

☐ This project has a radiology or imaging element (for example, reading or measuring MRI scans)

3. Data requested

Cohort definition *

Procedure(s), date range and inclusion / exclusion criteria.

Variables requested *

List specific fields, or attach a data dictionary extract. Requests should be limited to the minimum data necessary (data minimisation, UK GDPR Art. 5(1)(c)).

Format of data required *
Identifiable data requires explicit justification and additional approvals.

Justification, if identifiable data is requested

Linkage to any other dataset (specify)

4. Approvals and information governance

Project category *
Per the HRA decision tool (attach the result if available).

REC reference and date of approval

HRA approval (reference and date)

Local governance: Trust R&D registration or audit registration number

Institutional Review Board (if applicable)

Data storage location and access controls *
Data must remain within the Trust-approved environment; no patient-level data may leave GSTT systems without a data sharing agreement.

Planned data retention and destruction date *

5. Attachments

Please enclose with this form.

- [ ] Study protocol (if written)
- [ ] REC / HRA approval letter, or local governance / audit registration confirmation
- [ ] HRA decision tool output (if project is classed as service evaluation or audit)
- [ ] Data dictionary extract of requested variables (if not listed in section 3)
- [ ] Data sharing agreement (required for any collaborator outside GSTT)

6. Declaration

- [ ] I confirm that the information above is accurate, that data will be used only for the purpose approved by the board, stored securely as described, and destroyed at the stated date. *
- [ ] I confirm that Majed Shabbir, Arun Sahai and Findlay MacAskill will be listed as co-authors on any publication that uses the data. These authors will review the paper prior to submission. *

Signature of researcher (type your full name) *

Date *

Signature of consultant supervisor (their full name) *

Date *

7. Board decision (office use only)

Date reviewed by board

Decision

Conditions or comments

Signed on behalf of the board