

## PIS: Information Request Form [available from the Lothian Analytical Services Team]

### Requester Details:

|               |  |
|---------------|--|
| Name:         |  |
| Title:        |  |
| Department:   |  |
| E-mail:       |  |
| Phone Number: |  |

### Timescale:

|                               |  |
|-------------------------------|--|
| Date Request Submitted:       |  |
| Date Information Required By: |  |

### Request Details:

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| <p><b>Brief Description of Requirements:</b></p> | <p>Please provide a brief outline of the information required, including the following relevant details where possible:</p> <ul style="list-style-type: none"> <li>● Drug(s) (Brand/Generic name, strength, unit of measure, formulation)</li> <li>● Health board\HSCP\Practice Cluster\Practice</li> <li>● Age Restrictions (e.g. Under 16)/Age banding</li> <li>● Dose</li> <li>● Ward Codes used in TRAK</li> <li>● Year(s) of interest</li> <li>● Break down of timescale e.g. financial year, monthly</li> <li>● Cost, number of patients, number of prescriptions, quantity</li> <li>● BNF chapter/paragraph/section/subsection</li> <li>● How often the data will be required e.g. quarterly, monthly</li> <li>● Format of report e.g. Excel, PDF</li> </ul> |
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| <p><b>Intended Use of Information:</b></p> | <p>Please include a brief summary of the purpose that the information will be used for and who shall be involved with the data.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Patient care</li> <li>• Monitoring</li> <li>• Optimisation of therapy</li> <li>• Quality Improvement</li> <li>• Prescribing</li> <li>• Will the dataset be linked to another?</li> </ul> |
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| <p><b>Do you require any confidential data terms? **</b></p> | <p><b>Yes:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>** Please refer to the links for further guidance:<br/> <a href="#">Safe use of the Prescribing Information System (PIS) Policy</a><br/> <a href="http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Caldicott/Pages/FAQs.aspx">http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/Caldicott/Pages/FAQs.aspx</a></p> <p>** If you require confidential data items, please include what data and rationale for this in the Additional Comments section below.</p> |
|--|---|

**Additional Comments:**

|   |  |
|---|--|
| <p>Please provide any further details that are relevant to your request here.</p> |  |
|---|--|

**To be completed by PIS User undertaking request:**

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|------------------------------------|--|
| <p><b>Further Information:</b></p> |  |
|------------------------------------|--|