

## APSI Data request form

This document is a representation of the electronic APSI data request form, constructed in the electronic data capture program, REDCap. The online instrument can be reviewed at:

<https://redcap.sydney.edu.au/surveys/?s=94PW3RWE9HWPWWCL>

The electronic form has built-in conditional pathways, which direct the applicant to relevant follow-up questions based on their responses. The main condition is the type of data that is being requested: (i) aggregated data or (ii) case listings. There are two question batteries corresponding to these request types. Each applicant will only respond to one of these based on the request type they enter in the Request summary section.

After submitting the form, the applicants will receive a confirmation email with their submission attached in pdf format.

Please note that this does not capture the following features of the electronic form:

- Formatting
- Layout
- Conditional pathways
- Piping of information given in responses to previous questions
- Submission confirmation email

Thank you for your interest in APSI data.

The Australian Poisoning Surveillance Initiative (APSI) Databank is a cloud-based database, derived from databases of calls logged by poisons specialists in the four Australian PICs during routine clinical operations. These data are the best source of general poisoning information in Australia as no government programs conduct regular toxicovigilance activities in the general population.

Before completing the form, please consult the APSI data governance policy for eligibility criteria and data access procedures.

Please answer all required questions. You will be able to save and return to the form later. We recommend that you review the APSI data dictionary and refer to it when completing your data request.

If you have any questions, please contact the APSI data manager on xxxxxx.

Question number	Question	Conditional pathway
APPLICANT DETAILS		
1.1	<b>First name</b>	
1.2	<b>Last name</b>	
1.3	<b>Organisation</b>	
1.4	<b>Address</b>	
1.5	<b>Contact number</b>	
1.6	<b>Email address</b>	
REQUEST SUMMARY		
2.1	<b>Project Title</b>	
2.2	<b>What date will the data be needed by?</b>	
2.3	<b>Project Personnel</b> <i>Please provide names of all personnel who will have access to the requested data and their role on the project.</i>	
2.4	Please summarise the purpose of this data request	
2.5	<b>Are you applying as a staff member/affiliate of one of the following institutions?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> NSW Poisons Information Centre (SCHN)</li> <li><input type="checkbox"/> Vic Poisons Information Centre (Austin Health)</li> <li><input type="checkbox"/> Qld Poisons Information Centre (Queensland Children's Hospital)</li> <li><input type="checkbox"/> WA Poisons Information Centre (Sir Charles Gairdner Hospital)</li> <li><input type="checkbox"/> Royal Perth Hospital</li> <li><input type="checkbox"/> RPAH</li> <li><input type="checkbox"/> The University of Sydney</li> <li><input type="checkbox"/> UNSW</li> <li><input type="checkbox"/> University of Melbourne</li> <li><input type="checkbox"/> Monash University</li> <li><input type="checkbox"/> University of Western Australia</li> <li><input type="checkbox"/> None of the above</li> </ul>	If response is not 'None of the above, go to 2.6  Otherwise go to 2.8

2.6	<p><b>Do you have access endorsement from an APSI investigator in [auto-insertion of institution from 2.5]</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, go to 2.7</p> <p>If no, go to 2.8</p>
2.7	<b>Please enter the name of the endorsing investigator</b>	
2.8	<p><b>Type of data requested</b></p> <p><input type="checkbox"/> Aggregate (summary data)</p> <p><input type="checkbox"/> Case listings</p>	<p>If Aggregate, go to 3.1</p> <p>If Case listings, go to 4.1</p>
<b>AGGREGATE DATA REQUEST</b>		
3.1	<p><b>Please specify the time range for the data you are requesting</b></p> <p><i>Include years of data required and specify if breakdown by month or ISO week is required.</i></p>	
3.2	<p><b>Geographic area</b></p> <p><i>National data the default; state-based breakdowns will depend on substances/variables requested and compliance with data release policy</i></p>	
3.3	<p><b>Do you require data on cases or calls?</b></p> <p><i>NOTE: one case can generate multiple calls. Data is provided at the case-level unless call-level data is specifically requested. Many data items are available at the case level only (refer to data dictionary)</i></p> <p><input type="checkbox"/> Cases</p> <p><input type="checkbox"/> Calls</p>	<p>If cases, go to 3.4</p> <p>If calls, go to 3.5</p>
3.4	<p><b>Are you interested in exposure cases or information cases?</b></p> <p><i>Exposure refers to actual or suspected contact with any substances which has been ingested, inhaled, absorbed, applied to or injected into the body, regardless of toxicity or clinical manifestation</i></p> <p><i>Information cases are requests for information e.g. medicines information, poisoning information, or poisons prevention information. Information requests do not involve a known exposure.</i></p> <p><input type="checkbox"/> Exposure</p> <p><input type="checkbox"/> Information</p>	<p>If Exposure, go to 3.6</p> <p>If Information, go to 3.5</p>
3.5	<p><b>Are you interested in exposure calls, information calls or total call volumes?</b></p> <p><i>A case refers to an actual or suspected contact with any substance which has been ingested, inhaled, absorbed, applied to or injected into the body, regardless of toxicity or clinical manifestation</i></p> <p><i>A call refers to an incoming call made to a poisons information centre. Cases may generate multiple calls.</i></p> <p><input type="checkbox"/> Total call volumes</p> <p><input type="checkbox"/> Exposure calls</p> <p><input type="checkbox"/> Information calls</p>	<p>If total call volumes, go to 3.12</p> <p>If Exposure calls, go to 3.6</p> <p>If Information calls, go to 3.10</p>

3.6	<p><b>Please indicate if you would like all exposure reasons or specific exposure reason/s</b></p> <p>All exposures</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unintentional – Environmental</li> <li><input type="checkbox"/> Unintentional – Occupational</li> <li><input type="checkbox"/> Unintentional - Therapeutic error</li> <li><input type="checkbox"/> Unintentional – Misuse</li> <li><input type="checkbox"/> Unintentional - Food poisoning</li> <li><input type="checkbox"/> Unintentional – Other</li> <li><input type="checkbox"/> Unintentional – Unknown</li> <li><input type="checkbox"/> Intentional - deliberate self-harm</li> <li><input type="checkbox"/> Intentional – Misuse</li> <li><input type="checkbox"/> Intentional - illicit or non-medicinal use</li> <li><input type="checkbox"/> Intentional – Unknown</li> <li><input type="checkbox"/> Other - Contamination/tampering</li> <li><input type="checkbox"/> Other – Malicious</li> <li><input type="checkbox"/> Other – Withdrawal</li> <li><input type="checkbox"/> Adverse reaction – Drug</li> <li><input type="checkbox"/> Adverse reaction – Food</li> <li><input type="checkbox"/> Adverse reaction – Other</li> <li><input type="checkbox"/> Unknown reason</li> </ul>	
3.7	<p><b>Select age categories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Neonate (&lt; 4 weeks) - exact age unknown</li> <li><input type="checkbox"/> Infant (4 weeks -&lt; 1 year) - exact age unknown</li> <li><input type="checkbox"/> Toddler (1 - 4 years) - exact age unknown</li> <li><input type="checkbox"/> Child (5-14 years) - exact age unknown</li> <li><input type="checkbox"/> Adolescent (15-19 years) - exact age unknown</li> <li><input type="checkbox"/> Adult (20-74 years) - exact age unknown</li> <li><input type="checkbox"/> Elderly person (75 years and over) - exact age unknown</li> <li><input type="checkbox"/> Unknown</li> </ul>	
3.8	<p><b>Specify substances of interest</b></p> <p><i>For example, 10 top substances, groups of substances, specific substance (refer to data dictionary)</i></p>	
3.9	<p><b>Please list any other variables/information required</b></p>	Go to 5.1
3.10	<p><b>Select types of information calls or select other and specify</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicine information - breastfeeding/pregnancy</li> <li><input type="checkbox"/> Medicines information - dosage</li> <li><input type="checkbox"/> Medicines information - missed/refused dose</li> <li><input type="checkbox"/> Medicines information - adverse effects</li> <li><input type="checkbox"/> Medicines information - drug interactions</li> <li><input type="checkbox"/> Medicines information - other</li> <li><input type="checkbox"/> Environmental information</li> <li><input type="checkbox"/> Medical information</li> <li><input type="checkbox"/> Occupational information</li> <li><input type="checkbox"/> Poison information</li> <li><input type="checkbox"/> Prevention/safety information</li> <li><input type="checkbox"/> Product recall or safety alert</li> <li><input type="checkbox"/> Chemical safety - pregnancy/breastfeeding</li> <li><input type="checkbox"/> Other</li> </ul>	If Other, go to 3.11 Otherwise go to 5.1

3.11	<b>Please provide details of the Other call types</b> <i>For example, total number of drug information calls received by year for last 3 years</i>	Go to 5.1
3.12	<b>Specify requirements</b> <i>For example, total calls to PIC by caller's relation to patient, 2021</i>	Go to 5.1
<b>CASE LISTING DATA REQUEST</b>		
4.1	<b>Do you already have research ethics and governance approval for this project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2	You will be asked to attach proof of ethics and governance approval at the end of this form.	Message appears if 4.1 response is Yes
4.3	<b>Background</b> <i>Provide a brief background and rationale for your project (include references)</i>	
4.4	<b>Aims and hypotheses</b>	
4.5	<b>Please define your study population</b> <i>This may include demographic parameters, the exposures of interest, setting, intent type, etc Please be as specific as possible.</i>	
4.6	<b>Statistical analysis</b> <i>Please describe the statistical methods you plan to use to analyse the data or attach a statistical analysis plan if available.</i>	
4.7	Attach a statistical analysis plan if available	
4.8	<b>Has your analysis plan been reviewed by a statistician?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.9	What is their name and position?	
4.1	<b>Data security and record retention</b> <i>Describe data storage, security and retention arrangements or attach a data management plan if available. Include storage and access details, retention plans and whether there are plans to publish the data.</i>	
4.11	Attach data management plan if available	
4.12	<b>Please describe how the project will be funded</b>	
4.13	<b>Outcomes and significance</b> <i>Describe the expected outcomes and significance of this work</i>	
<b>DECLARATIONS</b>		
5.1	<b>Terms and conditions</b> <input type="checkbox"/> I have read the APSI protocol and data access policy <input type="checkbox"/> I have understood the eligibility and conditions of provision of data <input type="checkbox"/> I am aware that my request may incur a fee	
5.2	Required ethics approval <input type="checkbox"/> I understand that I may need to seek ethics and governance approval	Message appears if 4.1 response is No
5.3	Please attach proof of ethics and governance approval here	Message appears if 4.1 response is Yes