**Research Application Amendment Form LROI**

**Application to use data from the Dutch Arthroplasty Register (Landelijke Registratie Orthopedische Interventies; LROI) for research purposes**

**Original study**

|  |  |
| --- | --- |
| **Study title** |  |
| Project number |  |
| Starting date |  |

**General information chief investigator**

|  |  |
| --- | --- |
| Title |  |
| Initials |  |
| Name |  |
| Position |  |
| Institute/organisation |  |
| Contact address |  |
| Contact email |  |
| Contact telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other project members involved in the data handling** | | | |
| **1.** | Name  Position  Institute |  | |
| **2.** | Name  Position  Institute |  | |
| **3.** | Name  Position  Institute |  | |
| **4.** | Name  Position  Institute |  | |
| **5.** | Name  Position  Institute |  | |
| **Summary of the original research protocol** | | |
| Please add a scientific summary including the original research question. Max. 250 words (no tables/figures) | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data request**  Please select and describe your request | | | |
| A | Additional year(s) of data |  | List year(s) requested |
| B | Additional variable(s) |  | List variable(s) requested |
| C | Change in selection criteria |  | Please describe |
| D | Other, please specify |  | Please describe |
| Motivate your request | | | |
|  | | | |

N.B. When your research question is adjusted, expanded or new, please submit a new research application. Please be aware that according to the ‘Algemene Voorwaarden voor gebruik LROI data’ one may only use the LROI data for the approved LROI Research Application.

**Please send this research application form (as a PDF) to lroi@orthopeden.org.**