

## Care of Burns in Scotland network Request Form

### Requester

Your full name:

Department:

Work email:

### Principle Investigator or Supervisor

Their full name:

Department:

Work email:

Funding source:

### About your project

Is your request...

New request

Modification of an existing request

Title of project:

Objective:

Inclusion criteria:

Inclusion period  
(FROM and TO):

Data required:

Do you wish data to be...

Identified       Anonymised

Do you intend to contact patients?       Yes       No

How will you securely  
store the data?:

How do you plan  
to use the data?

How do you plan to feedback to COBIS: