

Date

Reference no.

Regional Board Administration  
Unit for Research and Education

Region Dalarna  
Attn: Karin Björling  
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Kristinegatan 8  
SE79137 Falun

## Application for information release

<b>Date</b>	Initiation of matter:
<b>The project's Research organisation</b> <i>department/company/name/organisation number, address, email, phone, (same as ethical review application)</i>	
<b>Lead researcher/principal investigator</b> <i>name, personal ID number, address, email, phone, (same as in the ethical review application)</i>	
<b>Patient groups</b>	
<b>Study title</b> <i>(same as in the ethical review application)</i>	
<b>Research questions</b> <i>(same as in the ethical review application)</i>	
<b>Release pertains to</b> <i>(indicate one option)</i> 1. identifiable patient data, 2. pseudonymised information meaning that Region Dalarna keeps a code key	
<b>Decision of ethical review authority</b> <i>reference number and date for the base application and any amendments (all applications and decisions are to be appended in their entirety)</i>	Base application:  Potential amendments:
<b>Has the application for release of information previously been submitted to Region Dalarna?</b> <i>provide ref. no.</i>	

<b>Which units within Region Dalarna are affected?</b>	
<b>Personal data requested</b> <i>A complete description of the personal data (variable list) that is requested.</i>	
<b>Indicate where in the ethical review application these personal data are described (heading and page no.).</b>	
<b>Indicate time intervals for requested personal data, indicate where in the ethical review application the time interval is described (heading and page no.).</b>	

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Signed name principal investigator

*(same as ethical review application)*

City and date:

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Namn clarification:

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*Please note! We accept signed and scanned application forms via e-mail as well as printed and signed forms in paper form.*

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