



Freedom of Information Application Form Myeloma and Related Diseases Registry

Patient Details:

A copy of photo identification is mandatory. A current driver's licence or passport is preferred, otherwise a birth certificate plus an alternative form of photo ID.

Title: _____ Surname: _____ First name: _____

Date of birth: _____ (DD/MM/YY)

Postal Address: _____

Suburb: _____ Postcode: _____

Telephone: (home) _____ (mobile) _____

Email address: _____

Applicant details (if different from above):

A copy of photo identification is mandatory. A current driver's licence or passport is preferred, otherwise a birth certificate plus an alternative form of photo ID.

Title: _____ Surname: _____ First name: _____

Date of birth: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Telephone: (home) _____ (mobile) _____

Email address: _____

Information Requested:

If the applicant is NOT the patient, we will require;

- The patient's written authorisation to access their records;

OR

- In the case of a deceased person, the consent of the person's next of kin who is 18 years or older is required. Proof of this relationship is required, e.g. marriage certificate, birth certificate, enduring power of attorney etc.

I, _____ of _____
(Patient or Next of Kin or enduring power of attorney) (Address)

do hereby authorise MRDR to release information from _____
(Patient's Name)

record to the aforementioned applicant.

Signed: _____ Date: _____

Please sign, date and return the completed application form, with accompanying identification to:

MRDR Project officer
Transfusion Research Unit
Department of Epidemiology and Preventive Medicine
Monash University
Alfred Hospital
Commercial Road
Melbourne VIC 3004

Email: sphpm.transfusion@monash.edu

OR

For queries please phone 1800 811 326

Print name: _____ Signature: _____ Date: _____

How long will this process take?

The applicant will be notified of a decision as soon as is practicable within 30 days of receiving the completed request.