

# Research Application Form LROI



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

<b>Study title</b>

## General information chief investigator

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

## Other project members involved in the data handling

	Name	Position	Institute
<b>1</b>	Name	Position	Institute
<b>2</b>	Name	Position	Institute
<b>3</b>	Name	Position	Institute
<b>4</b>	Name	Position	Institute
<b>5</b>	Name	Position	Institute

Please add the Curriculum Vitae of chief investigator to the research application

**Research:**

<b>1. Short summary of the study (maximum 100 words; this summary will be included on the LROI website after approval of the application)</b>
<b>2. List of 5 key words</b>
1.
2.
3.
4.
5.
<b>3. Research question</b>
<b>4. Background of research question (including goal, relevance and hypothesis)</b>

**5. Study population (persons, implants, time period, exclusion and inclusion criteria)**

**6. Selection of comparison group(s) or controls, if applicable**

**7. Data/statistical analyses (outline the methodology and the statistical tests that will be used as well as the necessary sample size/power calculation)**

**8. Limitations of study design, data sources and analytical methods**

**9. Time frame of study**

**10. Final product**

**11. Contribution of this study to the quality of orthopaedic care**

**12. References**

## Data storage

**1. Please provide information concerning data safety policy, including data storage, security, transfer, and destruction**

**2. If you have requested access to patient identifiable data, please give your rationale**

**3. Does this study involve linkage to patient identifiable data from other sources?  
If yes, please give details**

**4. Please provide details of any conflicts of interest**

**5. Have you applied previously to the LROI? If yes, please specify**

**6. Is it possible to complete the study within one year?**

**7. Please provide details of the funding available to support this study. Does this funding cover the complete study within one year?**

## Specification of data application LROI

Specification of data application					
Joint		Procedure type		Patient demographics	
Hip		Primary		Gender	
Knee		Revision		Age at procedure	
Shoulder (available since 2014)		Linked Primary-revision		Smoking (available since 2014)	
Elbow (available since 2014)				BMI (available since 2014)	
Ankle (available since 2014)				ASA Grade	
				Charnley score (hip/knee) (available since 2014)	
				Walch class (shoulder) (available since 2014)	
Procedure details		Implant data			
Year of procedure		Manufacturer			
Side		Name of implant			
Indication for primary procedure		Material of implant			
Reason for revision		Type of implant			
Approach					
Type of prosthesis					
Fixation					
Previous operations					

Data is provided on the level of detail needed to answer the research question. Data will not contain any patient identifiable data and is made untraceable to physician(s) and hospital(s). Traceability of data on the level of the physician or hospital will only be performed after approval of the concerning hospital(s) or physician(s).

Please sent this research application form including Curriculum Vitae of chief investigator to [lroi@orthopeden.org](mailto:lroi@orthopeden.org).