Request for information and data proforma

Please submit all requests **securely** by email.

Emailed requests must be sent from NHSmail or secure Government domains. Please note that NHSmail will remove any encrypted files.

**Part 1**

|  |  |
| --- | --- |
| **Send to:** | NHS Prescription Services Gatekeeper – [nhsbsa.cfsrequests@nhs.net](mailto:nhsbsa.cfsrequests@nhs.net) |
| **From:** |  |
| **Email address:** |  |
| **Postal address:** |  |
| **Tel. number:** |  |
| **Date:** |  |

**Part 2**

The following information/data has been requested under regulatory and or legislative powers as defined by my professional role as an Accredited Counter Fraud Specialist:

The legal basis for processing this information is: *[delete below as applicable]*

* *[the Secretary of State directions to NHS Trusts and Special Health Authorities in respect of counter Fraud 2017](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/677254/Directions_to_NHS_Bodies_2017.pdf)*
* [*Data Protection Act 2018 Schedule 2 part 1 2 (1)(a)*](http://www.legislation.gov.uk/ukpga/2018/12/schedule/2/paragraph/2)

I confirm if I do not obtain this information, it will seriously prejudice my enquiry as I have no other way to obtain the information being requested.

I understand that any information supplied is governed by the Directions. I agree to use the information only for the stated purpose, and in accordance with the Directions to treat the information in confidence.

**Part 3**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Who is requesting the information/data?** | | | |
| 1. **Specifics of information required:** | | | |
| **Allegation:** | | | |
| **Dispenser’s name, address and postcode:** | | | |
| **Prescriber’s name, address and postcode:** | | | |
| **Patient’s name, address and postcode:** | | | |
| **Medication** | | | **Date dispensed** |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| 1. **Additional information attached:** | **Yes / No** | | |
| **If yes, please indicate what** e.g. spreadsheet of all drug items to be priced | | | |
| 1. **Why is this information required?** e.g. criminal, civil, disciplinary | | | |
| 1. **How will this information be used?** Please provide details of any third party use e.g. solicitor, police. | | | |
| 1. **Timescales** – it is essential to determine when the information is needed by (e.g. trial date) as this will prioritise your request. | | | |
| **When is the information required?** | |  | |
| **How long will you retain/use the information provided?** | |  | |
| 1. **Please indicate whether you require:**  * the original prescription form(s) * a scanned image or photocopy of the original prescription form(s). Your request may be processed faster if you are happy to accept a copy.   **(delete as appropriate)** | | | |

**Please contact me once this request has been allocated a unique reference number.**

|  |  |
| --- | --- |
| Signed: |  |