

DATA REQUEST FORM

Please type or print.

Requester name		Organization	
Department		Pony Number (if applicable)	Email address
Mailing address (number and street)		City	State Zip code
Telephone number	Fax number	Date of request	Desired completion date
() -	() -		
Detailed Description of Data Request: <i>(Please be as specific as possible, i.e. demographics, years, location, etc.)</i>			
<p>What question(s) do you need answered?</p> <p>What year(s) do you need information from?</p> <p>What is the purpose of the data request?</p> <p>Who is your audience?</p> <p>What delivery format do you need: <input type="checkbox"/> Paper <input type="checkbox"/> Electronic (email) <input type="checkbox"/> Other:</p>			
<p>Provisions of this Agreement: Protection of the confidentiality of the clients contained in data is a foremost consideration. Tables or text should not identify or refer to data elements containing less than five clients. All publications using the information provided must acknowledge the Epidemiology Unit, San Mateo County Health System, as the source. If you use the information, please issue a disclaimer crediting any analyses, interpretation, or conclusions reached to the authors and not the Epidemiology Unit. Parties must ensure that technical descriptions of the data are consistent with those provided by the Epidemiology Unit. Use the data provided only for the purposes stated in the data request form, unless you obtain prior written approval. Do not release any of the data provided to any third party without proper citation. Consultations with the Epidemiology Unit to discuss data uses and limitations are encouraged.</p>			
I agree to the above provisions: <i>Type or print name of requester.</i>			Date

Additional epidemiologic information and assistance is available by email or telephone.

- OFFICE USE ONLY -			
Request received by:	Date	Request approved by supervisor:	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assigned to:	Date	Work reviewed by:	Date
Comments:	Completed by:		Date
	Time amount used on data request: <i>(round to hour quarters)</i>		
	Name of file created:		
	Location of file created:		
Data source(s) used:			
Delivery mode: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other:		Delivery Date	

Please email or fax your completed data request form to:
 San Mateo County Health System Epidemiology Unit
epidemiology@smcgov.org
 fax: (650) 573-2919

For questions or consultation, please call (650) 573-2346