



## Data Request Form

\*Denotes mandatory field

### **REQUESTOR INFORMATION**

First Name:

Last Name:

Date of application (mm/dd/yyyy):

Health authority:

\*Hospital/Organization:

Department:

Government ministry:

Academic affiliation:

Profession:

\*Address 1:

Address 2:

\*City:

\*Province:

\*Postal code:

\*Phone:

\*Email:

### **DETAILS OF DATA REQUEST**

\*Denotes mandatory field

Time period from (mm/dd/yyyy):

*Earliest date: 04/01/1998*

Time period to (mm/dd/yyyy):

\*Purpose of request:

Describe purpose of request. Include how you will use this information. Add any additional administrative/instructional notes here. Include description of use if for 'Other' purposes:

Please describe the data you are interested in. Specify any relevant inclusion or exclusion criteria:

Name of individual(s) who will access the data:

Output format:

Format if Other:

Request is affiliated with a research study

*Principal Investigator:*

First name:

Last name:

\*Name of study or PSBC research #:

\*How will the data be used with the research study? (e.g. publications, conferences, etc.)

**PLEASE EMAIL THIS COMPLETED FORM TO THE PSBC DATA ACCESS & RESEARCH COORDINATOR AT**  
[psbc.darc@phsa.ca](mailto:psbc.darc@phsa.ca).