

DATA REQUEST

Date of Request: _____

Name of persons requesting data:

Data Requested: _____

Description of Research project: _____

Project approved by IRB: No Yes (details: _____

_____)

Certification

The undersigned request the above described data and agree and certify as follows:

- 1) The research being conducted is for public health purposes.
- 2) There will be no attempt to re-identify any subjects of the research.
- 3) The information requested is essential to the research project and is the minimum necessary to conduct the research.
- 4) The researchers have executed the attached Data Use Agreement and will abide by its terms and conditions.

Researchers:

Reviewed by Privacy Board (date): _____

Decision: _____