



Data Request Form – Revised May 2021

Type of Request

Type of Request: Research (*attach HREA & appropriate RHA approval letters*)
 Evaluation
 Quality Assurance
 Other (*Specify*):

Date Submitted:

Date Required:

Project Funded by a Research Grant: Yes No

Requestor Information

Name(s):

Organization(s) and position(s):

Phone Contact:

Email Address:

Mailing Address:

Project Information

Project Title:

Purpose of the project (*attach proposal for research*):

The information will be used for (tick all that apply):

- Linkage to another data file
- Peer-reviewed publication
- Poster Presentation
- Oral Presentation
- Grant application
- Information pamphlets
- Other – specify:

Please provide details for the intended uses noted:

(*For ex: describe data to be linked with, journal intended for submission, etc.*)

Appropriate Health Research Ethics Authority Approval is attached: Ref# _____ Submitted _____
(<http://www.hrea.ca/home.aspx>)

Appropriate Local RHA Research Approval Letters is attached:

- RPAC (*Eastern Health Research Proposal Approval Committee -*
<http://www.easternhealth.ca/Professionals.aspx?d=1&id=1007&p=81>)
- Other – specify:
- Not Applicable

Details of Data Requested

*Specify data required for the purposes stated above (attach additional page if needed):
(www.ppnl.ca/NL_PPSP_variablelistingApril2012.pdf for listing)*

Specify data time period(s) required: Start Date _____ End Date _____

Type: ___ Aggregate ___ Record Level ___ Non-Identifiable ___ Identifiable (e.g., mcp, p. code)

Regions (RHAs): ___ Eastern ___ Central ___ Western ___ Labrador-Grenfell

Hospital Sites: ___ all available OR specify: _____

Preferred Format for transfer: ___ PDF (aggregate summary) ___ SPSS ___ Excel ___ Other

Submission / Questions / Contact

Submit by email: ppnl@easternhealth.ca fax: 709-777-4125 Attn: Phil A. Murphy

*Questions/Contact: Phil A. Murphy
Manager - Clinical Epidemiology; Program Data & Quality;
NL Congenital Anomalies Surveillance System; CHIRPP
Children's and Women's Health Program | Eastern Health
RM 2J217 - Perinatal Program Newfoundland Labrador
St. John's, NL A1B 3V6 709-777-4867 www.ppnl.ca*

FOR OFFICE USE ONLY

Date Received:

Category of Request:

Missing Attachments/Information:

Release Approved by:

Approval date:

Description of Approved Data (attach listing if needed):

Data Use Agreement(s) signed by (list names):

Method of Data Transfer Used:

Date Transferred:

Date Confirmation Received/Person Received by:

Request filled by: