# aggregate data AND REPORT request FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (Please Print) | | | | | | |
| Today’s date:    Click here to enter a date. | If you are a researcher and requesting data, you must submit your request through the DPH Human Investigations Committee (HIC), fulfilling the role of the Department’s Institutional Review Board (IRB). Information on this process can be found on the DPH HIC website. [(https://portal.ct.gov/DPH/Communications/Services--Programs/Human-Investigations-Committee)](file:///C:\Users\YuraseveczS\Downloads\(https:\portal.ct.gov\DPH\Communications\Services--Programs\Human-Investigations-Committee)) | | | | | |
| Requestor INFORMATION | | | | | | |
| Name: |  | | | | | |
| Title: |  | | | | | |
| Institution: |  | | | | | |
| Phone number: |  | | | | | |
| E-mail address: |  | | | | | |
| aggregate data information | | | | | | |
| (Please fill out as completely as possible.) | | | | | | |
| **Purpose**: (I.e., What is the question to be answered by the data requested? Include age groups, geographies, date ranges, etc.) | | | | | | |
|  | | | | | | | |
| **Audience**: (groups or organizations you plan to share the data with?) | | | | | | | |
| What type of data is requested? | | | Deaths | ED visits | | Hospital admissions | |
| Other: Specify other (e.g. costs, length of stay, etc.): | | | | | | |
| **Date Range** for Data Request: | | From date: | | | To date: | |
|  | | Click here to enter a date. | | | Click here to enter a date. | |
| By what date do you need the data or report?  (Expect a 2-week minimum turn-around from request date.) | | | | Click here to enter a date. | | |
| Any other comments? | | | | | | |
| Please send form to [Michael.Makowski@ct.gov](mailto:Michael.Makowski@ct.gov) or call 860-509-7236 if you have additional questions. | | | | | | |