

Epidemiology Division Data Request Form

Complete this form to request data from the Epidemiology Division of Hamilton County Public Health. Submission does not constitute an agreement to fulfill your data request. You will be notified within 7 business days of submission if your request cannot be fulfilled. Only complete forms will be processed. Forms received after 12:00pm will be processed the next business day. Media requests will be handled through the Public Information Officer. Please fax your request to 513-946-7943.

Requestor Information	
Date of Request (mm/dd/yyyy):	Date data needed :
Name:	Organization :
Department/Division :	
Status <input type="checkbox"/> Faculty <input type="checkbox"/> Fellow, Resident, Student <input type="checkbox"/> Staff <input type="checkbox"/> Other, please specify :	
Telephone Number:	Email address:

Principal Investigator Information (if different from above)	
Name:	Organization:
Department/Division:	
Telephone Number:	Email address:

Study Information	
Has the study been approved by IRB? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A	IRB Approval # Please attach approval documents
Frequency: <input type="checkbox"/> One time request <input type="checkbox"/> On-going, please specify:	
Description of requested data: <input type="checkbox"/> Raw data <input type="checkbox"/> Summary <input type="checkbox"/> Stratified data <input type="checkbox"/> GIS data <input type="checkbox"/> Other, specify:	
Proposal Objective (Please attach proposal or other background information) :	
<i>Attach extra sheets if more room is needed.</i>	

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Study Information continued
How will the data be used? <input type="checkbox"/> Grant proposal <input type="checkbox"/> Presentation <input type="checkbox"/> Article/Paper <input type="checkbox"/> Other, please specify:
Details of request:
<i>Attach extra sheets if more room is needed.</i>

This section to be completed by Hamilton County Public Health

Received by:	Received Date (mm/dd/yyyy):
Utility <input type="checkbox"/> Research <input type="checkbox"/> Surveillance	Panel discussion decision <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Decision communicated to Requestor Date:	By:
If panel granted request – date request was filled by:	

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Data Access Agreement

I, the undersigned, on behalf of the organization below and on penalty of perjury, agree to the following:

1. I agree not to sell, assign, release, or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers from the files.
2. I agree not to use files for purposes not described in this agreement without permission from the Hamilton County Public Health Department.
3. I agree that the files or portions of the files will not be posted on the Internet except as provided by law or contract agreement and will not be used for fraudulent purposes.
4. I agree to protect the files and the information contained within by storing them in a locked container or on a password protected computer, either of which is only accessible by the investigator(s) and organization(s) allowed to use the files/information.

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the Hamilton County Public Health Department as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the Hamilton County Public Health Department.
3. To assure that technical descriptions of the data are consistent with those provided by the Hamilton County Public Health Department.
4. To destroy the requested data once the intended use has been completed.

Requestor Name:

Job Title:

Organization:

Address:

Phone No.:

Requestor Signature:

Date: (mm/dd/yy)

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