

DATA REQUEST FORM

for non-ADPH Requests

Center for Health Statistics
Division of Statistical Analysis

Return the completed form to VSdata@adph.state.al.us

This form should be used for requesting new reports (including 'ad hoc' requests) or updating existing reports from the Center for Health Statistics (CHS). The request will be assessed in terms of the availability of relevant data and the resources required for fulfilling the request. To expedite the assessment process, **please respond to the questions below in as much detail as possible.**

Date Form Completed: _____ Date Form Received: _____ by _____ (CHS staff)

1. Agency Requester/Program Lead - Contact information

Name:	Organization Name:
Telephone:	Email Address:

Yes, it involves protected health information (PHI).

For requests involving PHI: Does Data Sharing Agreement exist between the Center for Health Statistics and the requesting organization that covers this request and is it up to date? Yes No

No, this does not involve protected health information (PHI).

2. Type of data file(s) and year(s) of data being requested (check all that apply):

Residence Data
(check this box to request data for residents of Alabama, regardless of the place of occurrence)

Occurrence Data
(check this box to request data for vital events occurring in Alabama, regardless of the place of residence)

	Year(s)		Year(s)
Birth <input type="checkbox"/>		Death <input type="checkbox"/>	
Fetal Death <input type="checkbox"/>		Marriage <input type="checkbox"/>	
Infant Death <input type="checkbox"/>		Divorce <input type="checkbox"/>	

3. Describe the data you are requesting. Please be as specific as possible (e.g., list all data elements to be included in the expected report or other output).

(Note: If you are not familiar with CHS's data layout(s) or what information is included in vital records data file(s), please email VSdata@adph.state.al.us to obtain a copy of the layout file(s) for the event(s) you are requesting.)

4. How should data results be stratified (broken out)? Check all that apply.

- by county by race by sex
 by month by quarter by year other _____

(Note: Numbers between 1 and 5 will be suppressed to reduce possible identification of individuals.)

5. In what format would you like to receive the data (MS excel, MS Word, text, other)? If there is a specific format you would like, please attach a sample.

6. For what purpose is the information to be used? Please describe any research/policy questions that you intend to address using the requested data.

7. What is the proposed deadline for delivery of the completed analysis (e.g. requested completion date)?

(Note: There may be other priority requests ahead of yours. Please give us at least one week to complete the request. If this request requires an urgent response, please provide brief justification.)

8. Is this an ongoing request?

- Yes (If yes, how frequently will the data be needed?)
 monthly quarterly annually other _____
 No

9. If this request has been created in the past (or one similar), please attach a copy of the results or query, if available. If known/applicable, indicate which CHS staff member created the previous report.

10. Please give any additional information that you feel would be relevant and helpful in completing your request.

11. Billing Information (We will let you know if a fee will be required for your data request, but please provide the appropriate **contact information** for faster processing).

Name:

Billing Address: