

Instructions for the Requester: Please complete the form below by responding to the fields in white. Sections in gray are meant to be filled out by the NWTEC Epidemiologist/Biostatistician.

| <b>Data Request</b>   |   |  |
|---|---|--|
| <b>Request Number</b>   | <i>An EpiCenter assigned sequential data request identification number.</i> |  |
| <b>Date Requested</b>   | <i>Date (MM/DD/YYYY) the data request was received by the EpiCenter.</i>    |  |
| <b>Requestor Details</b>  |   |  |
| <b>Name</b>   | <i>Name of individual requesting the data/analysis.</i>                     |  |
| <b>Email</b>  | <i>Email contact of individual requesting the data/analysis.</i>            |  |
| <b>Phone</b>  | <i>Phone number of individual requesting the data/analysis.</i>             |  |
| <b>Data Request Details</b>   |   |  |
| <b>Topic of interest</b>  | <input type="checkbox"/> <i>Cancer</i>                                      | <input type="checkbox"/> <i>Sexually transmitted infections (STIs)</i> |
|   | <input type="checkbox"/> <i>Diabetes</i>                                    | <input type="checkbox"/> <i>Tuberculosis (TB)</i>                      |
|   | <input type="checkbox"/> <i>Cardiovascular disease</i>                      | <input type="checkbox"/> <i>Respiratory illness</i>                    |
|   | <input type="checkbox"/> <i>Tobacco</i>                                     | <input type="checkbox"/> <i>Substance use</i>                          |
|   | <input type="checkbox"/> <i>HIV</i>   | <input type="checkbox"/> <i>Mental Health</i>                          |
|   | <i>Other _____</i>  |  |
| <b>Purpose</b>  |   |  |
| <i>Describe the purpose of the data or analysis. What would you like us to help you with?</i> |   |  |
|   |   |  |
| <b>Date data/analysis needed by:</b>  | <i>Date (MM/DD/YYYY) data request output is needed.</i>                     |  |
| <b>When requestor is available to meet:</b>   | <i>Date (MM/DD/YYYY) dates of availability</i>                              |  |

Thank you for filling out the form!