

Aggregate Level Information Request Form

Section 1: Client/Requestor Contact Information			
Name		Title	
Organization Affiliated With			
Phone Number			
Email Address			
Section 2: Request Timeline <i>(Note: Turn-around time will depend on the complexity of the request and the volume of information requests currently under production.)</i>			
Request Date (YYYY/MM/DD)		Desired Completion Date (YYYY/MM/DD)	
Section 3: Request Description			
Purpose of Request <i>(what the information is required for)</i>			
Type of Information Requested	<input type="checkbox"/> Demographic <input type="checkbox"/> Vital Statistics <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Acute Conditions <input type="checkbox"/> Health Behaviours / Risk Factors <input type="checkbox"/> Utilization of Health Services <input type="checkbox"/> Other: _____		
Detailed Description of Requested Information: <i>(required)</i> <i>(Please include dates/time frames for any analysis, variables of interest, and any other specific breakdown and selection criteria required)</i> <i>Attach additional page(s) if required.</i>			
Please send completed application to: InfoRequests@nlchi.nl.ca			
(For Centre Use Only)			
Ticket Number:	Analyst:		