



Newfoundland and Labrador Provincial Perinatal Program

Data Request Form

Date Submitted: _____ **Date Required:** _____

Name(s): _____

Organization(s): _____

Contact Information: _____

Mailing Address: _____

Research Ethics Board Approval (e.g., HIC, ICEHR, SWGCERC) ___ Yes ___ No ___ N/A

Preferred Data Format: ___ Paper ___ Electronic File

Specify Month(s)/Year(s) Required: _____

Preferred Electronic File Format: ___ MS Access ___ MS Excel ___ MS Word

___ Text (Tab delimited) ___ CSV (Comma delimited) ___ SPSS ___ dBase IV

Specify Variables Needed:

Project Title:

Purpose of the request/Objective of the study:

Use of this information (please indicate all that applies and provide details about journals targeted, and the expected audience for presentations or any other forms of information dissemination):

Link to another data file Publication Grant application
 Poster presentation Oral presentation Information pamphlets

Contact Information:

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FOR OFFICE USE ONLY

Date Received: _____
Category of Request: _____
Missing Attachments/Information: _____
Approval Date: _____
Contact Date: _____