

## NC DETECT Data Request Form

Revised February 3, 2010

### Project Information

Data Request Date:	
Project Title:	
Project Description:	
How is this project of public health significance?	
How did you hear about NC DETECT?	
Results of project will be used for:	<input type="checkbox"/> Educational Materials <input type="checkbox"/> Grant Proposal (if selected please see below) <input type="checkbox"/> Grant Requirement(if selected please see below) <input type="checkbox"/> Presentation <input type="checkbox"/> Publication <input type="checkbox"/> Student thesis/dissertation <input type="checkbox"/> Other _____ (please specify)
If this data request is grant related, please provide the name of the Grant	
Anticipated Persons who will use data	
Persons Named on DUA Name, Phone & Email	
Primary Contact Name, Phone & Email	

### Data Source Details

*Copy and complete this table for each data source and each report requested.*

Data Source:	
Date Range:	
Location(s):	
Are you requesting line listing/record level data or aggregate data?	

Please list all data elements requested:	
For aggregate data, please describe how data should be grouped, e.g. by age group, county, etc.	
File format:	
Date Data Use Agreement (DUA) Signed	