



**JSI Research & Training Institute**  
1725 Blake Street, Suite 400  
Denver, CO 80202  
Phone: 303.262.4300 Fax: 303.262.4395

### Region VIII IPP Data Request Form

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**For what purpose will the information be used?**

**Data requested is for the year/period** \_\_\_\_\_ **to** \_\_\_\_\_

**Specific variables of interest**

**Gender:** \_\_\_\_\_

**Age or age group(s):** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Agency Type:** \_\_\_\_\_

**Risk History** \_\_\_\_\_

**Clinical Signs:** \_\_\_\_\_

**Laboratory:** \_\_\_\_\_

**Specimen Source:** \_\_\_\_\_

**Exam Reason:** \_\_\_\_\_

**Date required:**

**Note: Please allow 2-4 weeks for analysis to be performed**

**Data will be submitted in an excel spreadsheet unless upon which otherwise agreed.**

**The Requester agrees to all data, confidentiality, and reporting requirements as specified by the Infertility Prevention Project (IPP), JSI Research & Training Institute (JSI), and the Centers for Disease Control and Environment (CDC):**

- Requestors give credit to the Region VIII IPP
- Provide the analysis back to the RAC
- Follow national guidelines for use of surveillance data—any cell with less than 50 responses cannot be reported

**By your signature below you agree to abide by the above conditions.**

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**Signature\*** **Date**

\*request will not be completed without signature

Please direct all questions and data requests to:

Yvonne Hamby, MPH  
 1725 Blake Street, Suite 400  
 Denver, CO 80202  
 Phone: 303.262.4304  
 Fax: 303.262.4395  
 yhamby@jsi.com

<b>Office Use Only</b>			
Date Received:	Date Completed:		
Approval:	Approval:		
Initials:                      Date:	Initials:                      Date:		