



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.

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

Office Use Only			
Date Received:	Date Completed:		
Approval:	Approval:		
Initials: Date:	Initials: Date:		