DHSV RESEARCH REVIEW GROUP
DATA REQUEST FORM

> **Please complete and submit this form along with the DHSV Research Application Form, HREC application, HREC approval and supporting documentation.**

Application & Applicant Details	
Project Title	
HREC approval period	
Principal Investigator (PI)	
PI email address	
PI phone number	

Research Data Collection		
Please specify what data you are requesting from DHSV (eg) Demographic data (Age), clinical data, priority groups, type of procedure etc. Please be as specific as possible.		
Dataset period	**Date from:**	**Date to:**
Are you requesting statewide data or data from a specific agency? ☐ **Statewide data** ☐ **Agency/clinic data** **If Agency Data: [Name of clinic/agency]** *Please note, in the first instance the researcher should directly contact the respective agency for data. If data is requested for specific agency through DHSV, the researcher is required to provide the approval letter from the respective agency to release their data to the researcher.*		