



Public Health – Dayton & Montgomery County  
Epidemiology  
Data Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Is your request for a grant application?      Yes      No

**If yes,** What is the data deadline? \_\_\_\_\_

Have you already determined a public health need for this grant and have evidence?      Yes      No

2. Is your request to determine if there is a public health need?      Yes      No

3. Please provide a statement describing the purpose of the data. (1-2 sentences)

For example: What is the question you are hoping the data will answer?

4. How will the data be used in your program? (1-2 sentences)

5. What variables do you want analyzed? How would you like them analyzed? **Please be specific.**

For example: 2009 low birth weight data analyzed by race

Diabetes prevalence by income, race, and age for 2000-2010

6. How do you want the data returned to you? (Check all that apply)

Graphs/Charts

Written report

Tables

PowerPoint

Other: \_\_\_\_\_

7. Will the data be published?      Yes      No

8. Additional comments:

Submit this form via email to [epi@phdmc.org](mailto:epi@phdmc.org) or fax to (937) 937-496-7468

Please allow Epidemiology 10 working days to complete your request