



Cleveland Department of Public Health  
75 Erievue Plaza  
Cleveland, OH 44114

Office of Communicable Disease Surveillance & Epidemiology  
Data Request Form

Instructions: Type or write responses below. Email the completed form to [kromig@city.cleveland.oh.us](mailto:kromig@city.cleveland.oh.us) or fax it to 216-664-6159. Submission does not constitute an agreement to fulfill your data request. You will be notified within 7 business days if your request cannot be fulfilled or if modifications will be required. Only complete forms will be processed. Forms received after 12pm will be processed the next business day. Allow a minimum of 10 business days for your request to be completed depending upon resources required (e.g. statistical complexity and data availability).

Section I

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Section II

Type of Data Requested (select at least one):

- |                                              |                                             |                                           |                                                     |
|----------------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Chronic Disease     | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Informatics      | <input type="checkbox"/> Mental Health              |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Vital Statistics   | <input type="checkbox"/> Injury           | <input type="checkbox"/> Environmental Health (e.g. |
| <input type="checkbox"/> Preparedness        | <input type="checkbox"/> Substance Abuse    | <input type="checkbox"/> Maternal & Child | <input type="checkbox"/> childhood lead poisoning)  |
| <input type="checkbox"/> Bioterrorism        | <input type="checkbox"/> Air Quality        | <input type="checkbox"/> Health           | <input type="checkbox"/> STI/HIV/AIDS               |
|                                              |                                             | <input type="checkbox"/> Oral Health      | <input type="checkbox"/> Other:                     |

What is your primary intended use of the data?

- |                                              |                                           |                                |                                   |
|----------------------------------------------|-------------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Program Planning | <input type="checkbox"/> Grant | <input type="checkbox"/> Research |
| <input type="checkbox"/> Other:              |                                           |                                |                                   |

How will the data be used? (1-2 sentences)

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

Section III

Please note: Not all data sets are available by the categories listed below.

What calculations are needed?

- |                                 |                                |                                   |                                 |
|---------------------------------|--------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Counts | <input type="checkbox"/> Rates | <input type="checkbox"/> Percents | <input type="checkbox"/> Other: |
|---------------------------------|--------------------------------|-----------------------------------|---------------------------------|

### Section III

What demographics are needed?

- ☐ Sex ☐ Race-ethnicity ☐ Age ☐ Other:

What geography is needed?

- ☐ Neighborhood ☐ Ward ☐ Census tract ☐ Census block

What years are needed?

Provide a narrative description of how you would like the data analyzed by the parameters listed above:

*For example: HIV/AIDS incidence rates by race and sex for 2008-2012 (combined years).*

What format do you want the data returned to you? (check all that apply)

- ☐ Graphs/Charts ☐ Tables ☐ Written report ☐ Power Point  
☐ Maps ☐ Other:

### To Be Completed By OCDSE

☐ Approved:

☐ Rejected:

Date Received:

Date Completed (if  
approved):

Date Requestor

Notified (if rejected or  
modified):

Epidemiologist:

Special Comments:

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date