**Health System Planning Data Request Form**

When to use this form

This form is used to request aggregate or Published OH data to support health system management and planning. It may also be used to request aggregate or Published Data vel in advance of a grant submission. For REB-approved research, please use the form provided on our website (<https://www.ccohealth.ca/en/request-data-for-research>).

Sections to be completed:

1. CONTACT INFORMATION
2. REPORT DESCRIPTION
3. [REPORT](#_DATA_DESCRIPTION) SPECIFICS
4. ACKNOWLEDGEMENTS

Please ensure all sections (A, B, C & D) are completed before submitting to [OH-CCO\_Datarequest@ontariohealth.ca](file:///%5C%5Cccods.cancercare.on.ca%5Cshared%5CInformatics%5CData%20Disclosure%5C4.0%20Forms%5C1.0%20Health%20System%20Planning%20Requests%5CRevised%20Form%20July%202020%5COH-CCO_Datarequest%40ontariohealth.ca). Forms will not be processed until all sections are complete.

Request Fulfilment Timeline

The length of time it takes to complete a data request is dependent upon the complexity of the request. Once your request has been received, it is reviewed for completeness. If all components of the form are complete, OH data experts review your request for feasibility. This stage may require additional clarification from requestors. If the request is deemed feasible, the team will provide an estimated delivery date. Please note that while we do our best to fulfil data requests, OH may not always be able to complete the request.

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| CONTACT INFORMATION |
| Name of Requestor | Click here to enter text. |
| Name of Organization | Click here to enter text. |
| Type of Organization | Choose an item. |
| Address | Click here to enter text. |
| Phone Number | Click here to enter text. |
| Email Address | Click here to enter text. |
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| REPORT DESCRIPTION |
| Purpose of Request (Objective Statement)  | Click here to enter text. |
| Detailed description of how will the data be usedNote: Please note that any data OH provides can only be used for the purpose outlined here | Click here to enter text. |
| Intended Audience | Click here to enter text. |
| Data type seen by Audience (Aggregate or Published Data) | Choose an item. |
| OH MethodologyPlease indicate if OH has the methodology for the data you are requesting and/or if you have been in contact with someone from OH to discuss your request (if yes please provide a contact name) | Click here to enter text. |
| Preferred Data Delivery DateNote: Please review Request Fulfilment Timeline description on p.1 | Click here to enter a date. |
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| DATA REQUESTED\*If OH has the methodology for the data being requested and you have indicated this above this section does not need to be completed |
| Choose the type of data you are requesting | Choose an item. |
| List of data elements, if applicable  | Click here to enter text. |
| Data Source(s) | Click here to enter text. |
| Data time frame(E.g. fiscal 2014/15) | Click here to enter text. |
| Summary data elements, if applicable(E.g. visit counts, wait times in days etc.) | Click here to enter text. |
| Grouping of data elements, if applicable(E.g. by month, by disease site, by gender, etc.) | Click here to enter text. |
| Please indicate if there exclusion criteria to the data(E.g. age groups, regions) | Click here to enter text. |
| Other filtering criteria, if applicable(E.g. only patients with ICD10 diagnosis of C50) | Click here to enter text. |
| Report Format(Please attach a template table for how the data should be presented) | Click here to enter text. |
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|  ACKNOWLEDGEMENTS |

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| The Requestor and their Manager/Supervisor certify that the information reported in this form is accurate and the data provided by OH will only be used for the purpose stated above. The Requestor and their Manager/Supervisor acknowledge and agree not to use any aggregate or record-level data provided by OH, either alone or with other information, to identify an individual. This includes attempting to decrypt information that is encrypted, attempting to identify an individual based on unencrypted information and attempting to identify an individual based on prior knowledge. |
| Requestor’s Name | Click here to enter text. |
| Title | Click here to enter text. |
| Signature |
| Date  | Click here to enter a date. |
| Manager/Supervisor’s Name | Click here to enter text. |
| Title | Click here to enter text. |
| Signature |
| Date  | Click here to enter a date. |