

EPIDEMIOLOGY TEAM SUPPORT SERVICES

Website: <http://publichealth.lacounty.gov/epi>

Phone: (213) 288-7785



Data Request Form

Please return completed forms to the Epidemiology team via email epi@ph.lacounty.gov.

Please **fill out every item in this form** (enter "N/A" for items that are not applicable).

Incomplete forms may result in delays in processing your request. For instructions on completing this form, please refer to page 2. * Indicates a required field.

REQUESTOR INFORMATION

1. Name: *
2. Job Title: *
3. Office or Organization: *
4. Address: *
5. Telephone: *
6. Email: *
7. Supervisor/Advisor: *

DATA REQUEST DETAILS

8. Intended Use: *
9. Request Details: *
10. Time Period: *
11. File Type: *

TIMEFRAME FOR REQUEST

Please allow for a **minimum turnaround time of 2 weeks**. Time needed to complete request may vary depending on the nature and complexity of the request.

12. Request Date: *
13. Needed By: *
14. Rush Request Justification
(**required** if sooner than 2 weeks)

* By checking this box and initialing the field below, I have read the attached terms and conditions of use (page 2). The product provided to me will not be sold, released, or used for any purposes other than what I have stated on this form.

Initial: *

Instructions for Completing Request Form:

- Item 1-2.** Enter your full name and job title. Enter “student” if your request is for a class/research project.
- Item 3.** For County of Los Angeles employees, enter the name of your office or program. If employed by an organization other than the County of Los Angeles, enter the name of your employer. If a student, enter the name of the school, college, or university you attend.
- Item 4-6.** Enter the contact information you would like for us to communicate with during the request process.
- Item 7.** Enter your supervisor, advisor, or teacher’s name.
- Item 8.** Enter the purpose of your data request and how the data we provide will be used.
- Item 9.** Enter the details of your data request including demographic and geographic categories. The types of categories available for request include sex, major race/ethnicity, age group, Los Angeles County, Service Planning Area (SPA), Health District (HD), or city/community. Availability of data categories varies among public health datasets.
- Item 10.** Enter the year(s) of data you would like to request. Enter “most current” for the most current data available.
- Item 11.** Select the file type you want us to provide for your request. We generally provide data products in electronic format (PDF or Excel).
- Item 12.** Enter the date you send your completed request form.
- Item 13.** Enter the latest possible date for us to provide you with the requested data.
- Item 14.** Enter justification only if you urgently need the requested data sooner than 2 weeks.

TERMS AND CONDITIONS OF USE

By using these data, you signify your agreement to comply with the following requirements:

- 1) I agree not to sell, assign, release, or otherwise transfer the files, or any portion thereof.
- 2) I acknowledge that the County of Los Angeles assumes no responsibility for conclusions drawn from any analysis of the data that is provided to the applicant.
- 3) I acknowledge that the supplied data, or information derived therefrom, is provided “as is” without warranty of any kind, either express or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement of intellectual property. The County of Los Angeles makes no representations or warranties about the accuracy, reliability, completeness or timeliness of the supplied data or product. In no event shall the County be held liable for damages arising from errors, omissions, or use of this information.
- 4) I acknowledge, in all reports or presentations based on these data, the original source of the data and the Office of Health Assessment and Epidemiology.