



Non-confidential Data Request Form Refugee Health and Tuberculosis (TB) Program

Please complete this request form for data not found on Utah's Department of Health and Human Services Public Health Indicator Based Information System (IBIS) website for Refugee Health OR TB.

Data requests may **take up to 30 business days** for delivery, depending on the complexity of the request and to ensure correctness and quality of the output. Non-confidential public health data is released in aggregated outputs to protect against identification of individuals.

REQUESTER INFORMATION: **required*

*Name: _____ *Date of Request: _____
*Phone: _____ Title/Profession: _____
*Email: _____ Organization: _____
Mailing address: _____

PROGRAM REQUESTING DATA FROM:

- Refugee Health *Send request to rhprogram@utah.gov*
- Tuberculosis (TB) Control *Send request to tbprogram@utah.gov*

GROUP BY: (please note, not all data sets are available in these groupings; **select all that apply**)

Year(s) requested:	Age Groups:	Gender:	Location(s):	Background:
<input type="checkbox"/> From ____ To ____	<input type="checkbox"/> All ages	<input type="checkbox"/> Male only	<input type="checkbox"/> All of Utah	<input type="checkbox"/> Race/Ethnicity
<input type="checkbox"/> Most recent ____year(s)	<input type="checkbox"/> Specific age groups	<input type="checkbox"/> Female only	<input type="checkbox"/> Local Health District	<input type="checkbox"/> Country of Origin
<input type="checkbox"/> By individual year	(please specify) _____		<input type="checkbox"/> Region (<i>Refugee Health Only</i>)	<input type="checkbox"/> Nationality (<i>Refugee Health Only</i>)
<input type="checkbox"/> Years grouped together	_____		<input type="checkbox"/> Other: _____	

DELIVERABLE:

Output:	Format:	Preferred Delivery Method:
<input type="checkbox"/> Counts	<input type="checkbox"/> MS Excel Spreadsheet (suggested)	<input type="checkbox"/> Email
<input type="checkbox"/> Rates	<input type="checkbox"/> MS Word Document	<input type="checkbox"/> Mail
<input type="checkbox"/> Percents		Phone

DETAILS OF REQUEST:

Please provide the reason for your request (accreditation, grant, internal department, etc)?

Please describe the project and how this data will be used:

Please provide any other details needed for your request:

Provide the date this data is needed by: *Please note, if less than 30 business days, request may not be fulfilled.*

Do you have a document, survey form, copy of report, or other attachment relating to your request?

- No Yes (*please submit it electronically with your request*)