

HEALTH INFORMATION RESEARCH ANALYSIS DIVISION DATA REQUEST FORM

Request Number: /2018
(For Official Use Only)

REQUESTER DETAILS

1.	Name :	2.Occupation:	3. Department/Organization:
4.	Address: [Residential/Workplace]	5. If Student, please provide ID No. and Program: 5.1 ID: _____ 5.2 Program: _____ 5.3 Supervisors Name & Contact: Name: _____ Phone #: _____ Email: _____	6. Your Contacts: Email: _____ Phone #: _____ Fax #: _____
7.	Type of Organization: <i>(highlight or place a tick vwhere appropriate)</i> <ul style="list-style-type: none"> • Within MoHMS <input type="checkbox"/> • Other Government Ministries <input type="checkbox"/> • Hospital (Private) <input type="checkbox"/> • Educational [Local/Overseas] <input type="checkbox"/> • Private Organization [NGO/CSO] <input type="checkbox"/> • Media <input type="checkbox"/> 	8.Indicate if information requested is: <i>(highlight or place a tick vwhere appropriate)</i> <ul style="list-style-type: none"> • Operational <input type="checkbox"/> • Research <input type="checkbox"/> • Assignment <input type="checkbox"/> • Presentation <input type="checkbox"/> • Planning <input type="checkbox"/> • Speech <input type="checkbox"/> • Public Awareness <input type="checkbox"/> • Advocacy <input type="checkbox"/> • Annual Reporting <input type="checkbox"/> • School Project <input type="checkbox"/> 	9. Is this an update or extension of a previous data request? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes, please provide request number/name)</i> 9.1 Previous Request MoHMS number: 9.2 Previous Requestor: <i>(Name of the person who requested the data)</i> _____

REQUEST DETAILS

10.	Information Requested:	
10.1	Specific year requested: <i>(Provide Year Range)</i>	
11.	How should the data be stratified? <i>(E.g. by medical areas, by gender, age, group, race, etc.)</i>	
12.	Purpose of Request:	
13.	How will the data be used?	
14.	Timeframe <i>(by when do you need the data):</i>	
15.	Who will use the information?	
16.	How will this information benefit you?	
17.	Does your request require an Ethics Approval from CHRERC/FNRERC?	<i>If yes, please provide below information about where the publishing will occur?</i>
18.	Will this data be published?	

Pursuant to Health Information Policy 2011, section 3.5, clauses 6 & 12, pg. 9

Please tick the box ☐ yes I agree.

I /We the undersign, agree to submit the completed reports to the MoHMS Office within 6-12 months of completion of project or post utilization of this health information.

Signature: _____

Date: _____

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Instruction: This form is to be completed when requesting Health Information data from any of the Ministry of Health & Medical Service facility data sources. (Registers/Registry/CMRIS/PATISPLUS etc.).

Contact Us: Please submit your completed Data Request Form by email to mrokovutoro@health.gov.fj

For assistance in completing this Data Request Form, please contact our HIU Officer on Email: rvuadreu@govnet.gov.fj / varanisee.saumaka@health.gov.fj

For Research ethics assistance email: mere.delai@govnet.gov.fj

HIU Timeframe: one week counted from the date DHIRA approves

Data Request Template version date: 20th September, 2017.

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1.0 Data Assessment & Verification

1.1 Snr Statistician Comments/Recommendations: (on availability & accessibility of data)

Signature: _____ Date: _____

1.2 Health Research Officer Comments/Recommendations: (if requested data is for research purposes)

Signature: _____ Date: _____

**1.3 Director Epidemiologist/Director Health Information, Research and Analysis Recommendations:
(for data quality assessment)**

Signature: _____ Date: _____

2.0 Approval

PSHMS Final Decision:

Approved ☐ Not Approved ☐

Signature: _____ Date: _____

3.0 Data Submission (For Health Information Unit Use Only After Approval)

Data Collated by: (Name & Initial) _____ Date: _____

Verified by: (Name & Initial) _____ Date: _____

Submitted by: (Name & Initial) _____ Date: _____

Remarks:

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Requester Check List

If you are requesting information for the following purpose, than you are to provide the recommended documents as per the check list. Failure in submission of the following may delay in the process and approval of your data request. Place a tick for the appropriate request.

1. School Project/Task or Assignment/ Presentation(Primary/Secondary/Tertiary Level) Check List

Provide the following:

- ☐ Filled data request form
- ☐ Copy of the questionnaire base on the request
- ☐ Letter from the Supervisor or School Heads [Head Teacher/Principal/Vice Principal]

2. Research Check List

Provide the following:

- ☐ Filled data request form
- ☐ Approval letter from CHRERC/ FNRERC

3. Private organization Check List

Provide the following:

- ☐ Filled data request form
- ☐ Copy of the MoU / if no MoU than attach letter with the letter head from your Organization on the purpose of the request.

4. MOHMS Staff Check List

Provide the following:

- ☐ Filled data request form
- ☐ Attach letter from Immediate Supervisor/ Head of Department

5. Other Government Departments Check List

Provide the following:

- ☐ Filled data request form
- ☐ Attach letter from Head of Department/Permanent Secretary

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