



APPLICATION FOR DATA FROM THE MINISTRY OF HEALTH FOR EVALUATION AND PLANNING PURPOSES

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

Table with 2 columns: File Number, Date Received. Row 2: ISP Appendix

PROJECT TITLE

Empty text box for Project Title

APPLIES TO COHORT(S)

Empty text box for Cohort(s)

DATE RANGE

From (yyyy/mm/dd)

Empty text box for start date

To (yyyy/mm/dd)

Empty text box for end date

OTHER DATE RANGE AND FILTERING CRITERIA

Empty text box for other criteria

DATABASE - Please provide name and a brief description of the database (whether MOH or external)

Empty text box for database description

Table with 3 columns: DATA VARIABLES, VARIABLE NAMES (as appeared in database), DEFINITION. 4 empty rows.

