



DATA REQUEST FORM

Phone: 613-547-6500

Fax: 613-547-6620

www.rppeo.ca

Instructions for use:

Complete parts A and B and submit by email (data@rppeo.ca) or print and fax (613-547-6620) to the RPPEO data management group (Kingston site).

*Data sharing will occur in accordance with the Regional Base Hospital Performance Agreement, **Personal Health Information Protection Act, 2004 - O.Reg.329/04**, and any other agreement or memorandum of understanding entered into by the RPPEO.*

Part A: Contact Information

First Name:	<input type="text"/>	Email:	<input type="text"/>
Last Name:	<input type="text"/>	Phone:	<input type="text"/>
Organization:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
		Postal Code:	<input type="text"/>

Part B: Description Data Requested

Date of request:	<input type="text"/>	Date required:	<input type="text"/>
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Intended use of data:	<input type="checkbox"/> Internal	Information requested for:	<input type="checkbox"/> Quality Management
	<input type="checkbox"/> External		<input type="checkbox"/> Administration
	<input type="checkbox"/> Preliminary scan		<input type="checkbox"/> Research
	<input type="checkbox"/> Approved project		<input type="checkbox"/> Other _____

Type of data requested:	<input type="checkbox"/> ACR	<input type="checkbox"/> Patch sheet
	<input type="checkbox"/> ECG	<input type="checkbox"/> Patch audio
	<input type="checkbox"/> ZDC	<input type="checkbox"/> Other <input type="text"/>
	<input type="checkbox"/> HCR	



Information provided for search:

Service name

Date/time of call

Call type

Call No.

Paramedic No.

Vehicle No.

Other

Purpose of request:

Requested data to be received via: Email

CD/DVD

Paper

Shared drive (internal)

RPPEO DATA MANAGEMENT USE ONLY

Form received:

Request completed: