El Paso County Public Health
Data Request Intake Form

Date of request: ____ / ____ / ____	**Persons completing form:** /	
Requestor Information		
Name:		
Title:		
Organization:		
Phone:	**Fax:**	**E-mail:**
Request Details		
Desired completion date: ____ / ____ / ____		
Condition or topic (s) of interest:		
Intended use of data:		
Detailed description of request:		
Geographic area(s) of interest (county only?):		
Age breakdown of interest:		
Gender breakdown:		
Race/ethnicity breakdown:		
Time period(s) of interest:		
Format requested: ☐ **Paper Report** ☐ **Electronic File (file type):**		☐ **Other (specify):**
Request Routing		
Data Request #:		
PHIO reviewed: ☐	**HIPAA compliance reviewed:** ☐	
Date assigned: ____ / ____ / ____	**Program Area:**	
Person assigned:		
Date completed: ____ / ____ / ____	**Completed by:**	
EPI approval by:	**Date sent to requester:** ____ / ____ / ____	
Where product stored (file name and location):		
Brief summary of data provided:		

Please fill out the "Requestor Information" and "Request Details" sections as completely as possible to expedite your request.
Email completed form to healthinfo@elpasoco.com or fax to (719) 575-8664.

Version 10.20.2011