

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



**Ministry of Health
Health Information Management and Research Division**

DATASET REQUEST APPLICATION

Applicant Information

1	Requesting Organisation / Person name: <i>(If requesting on behalf of an organisation, specify name of organisation and contact name of the responsible person)</i>	
2	Address:	
3	Contact Telephone Number:	
4	Fax Number:	
5	Email Address:	

Requesting Information

6	Dataset required:	
7	Date of Request:	
8	Fields required:	
9	Date data needed: <i>(At least 10 working days should be allowed from date of request to required date)</i>	
10	Expected date of return of dataset after use: <i>(As per MOH policy, the dataset and any copies of it should be returned to MOH after use/analysis or an official</i>	

	document indicating the details of destruction of dataset should be made available)	
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Tick if data set returned

Date of return

Purpose / Use of dataset

11	Name of study / research the dataset will be used for:	
12	Has this study been approved by an authorised body/committee? <i>(As per MOH policy, the dataset can be utilised for secondary research or study to which an authorising body / Committee such as National Health Research Council has granted approval)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Name of the authorising body / committee:	
14	Date of approval of study/research by the authorising body / council: <i>(Please attach a copy of the approval)</i>	
15	State clearly the purpose for which dataset will be utilised	
16	Expected date of completing the analysis	
17	Stamp / Signature of Requesting Organisation or person	

For Ministry of Health Use

18	Date of Return of Dataset (or document specifying the destruction of dataset):	
19	Date of submitting the Report / Publication:	

20	Format of the submitted Report / Publication:	<input type="checkbox"/> PDF copy <input type="checkbox"/> Hard copy Soft copy in Excel <input type="checkbox"/> Word <input type="checkbox"/>