

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: DATA REQUEST AND LEVELS OF SUPPORT

REFERENCE NO. 622.1

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Complete all requested information below and submit applicable documents. Review Ref. No. 622, Release of EMS Data, prior to completion.

1. Date:
2. Date by which data is requested:
3. Data Recipient (person submitting request)
 - a. **Name:**
 - b. **Title/Position:**
 - c. **Facility/Agency/Organization/Affiliation:**
 - d. **Mailing Address:**
 - e. **Telephone number:**
 - f. **E-mail address:**
4. Indicate preference on how the data should be provided:
 - a. E-Mail
 - b. U.S. Mail
 - c. Phone
 - d. Fax () ____-____
 - e. Other (specify) _____
5. Indicate documents submitted with this request
 - a. Limited Data Set Information (Reference No. 622.2)
 - b. Intended Use of Limited Data Set Information (Reference No. 622.3)
 - c. Data Use Agreement (Reference No. 622.4)
 - d. Confidentiality Agreement (Reference No. 622.5)

6. Indicate the level(s) of support requested from the EMS Agency (check all that apply):

- a. Support in concept – letter of support or verbal accord of project
 - b. Guidance – provide feedback on methodology, analysis, manuscript, etc.
 - c. Data Abstraction – provide raw data from EMS Agency data registries
 - d. Data Analysis – provide summary data, statistical analysis, tables, figures, etc.
 - e. Other (this may include manuscript revision, operations/system resources, grant support, etc.) – please describe other support requested
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7. Submit completed data request and applicable documents to:

Michelle Williams, Chief, EMS System Data Management
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
Phone: (562) 378-1658
Fax: (562) 946-6701
E-Mail: michwilliams@dhs.lacounty.gov