# aggregate data request FORM

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| --- |
| (Please Print) |
| Today’s date: |  Click here to enter a date. |
| Requestor INFORMATION |
| Name: |  |
| Title: |  |
| Institution/ Agency |  |
| Phone number: |  |
| E-mail address:  |  |
|  |
| aggregate data information  |
| (Please fill out as completely as possible.) |
| Data is for residents of: [Specify CT, town(s), district, and/or county.] |  |
|  |
| Describe aggregate data requested: |
| What type of data is requested? | [ ] Deaths | [ ]  ED visits | [ ]  Hospital discharges |
| [ ]  Other | Specify other (e.g. costs, length of stay, etc.): |
| Rates or counts of injury incidents: [May check more than one.] | [ ] Counts | [ ]  Rates/10,000 or 100,000 population |
| Stratify data by: [May check more than one.] | [ ]  Age Group | [ ]  Gender | [ ]  Race and Ethnicity |
| Time period of data: | From date: | To date: |
|  | Click here to enter a date. | Click here to enter a date. |
| By what date do you need the data (2 week minimum from request date)?  |
| Any other comments?  |
| Please attach form and send to susan.logan@ct.gov or call 860-509-7248 if more information is needed. |