

# COVID - 19 Data Request Form

## Contact Information

Name:

Title/role:

Organization Name:

Organization Department/Division/Program:

Email:

Telephone:

Request date:

## Request

What data are you requesting?

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| --- |
| Click here to enter text. |

Summarize how you will use the requested data. What question(s) are you trying to answer? What is the goal of the data use? What are you trying to accomplish? What is your timeline for using the data?

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| --- |
| Click here to enter text. |

## COVID-19

Is the data you are requesting related to COVID-19 cases, testing, or vaccination in Minnesota? Yes/No

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| --- |
| Click here to enter text. |

## Access

Who will have access to the data? With whom do you intend to share the analysis? Indicate how the data will be protected.

|  |
| --- |
| Click here to enter text. |

## Sharing

MDH would like to be informed of the latest findings obtained through analysis of the data.Please send us copies of articles, reports, and other publications at least 15 business days prior to their release.

Do you agree to share this information with MDH? Yes/No

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| --- |
| Click here to enter text. |

## Submit

Send the completed form to MN\_MDH\_R-DataRequests@state.mn.us

MDH will make every effort to respond to your request in a timely manner.

Minnesota Department of Health
[www.health.state.mn.us](http://www.health.state.mn.us/)

Updated 12/14/20

To obtain this information in a different format, call: 651-201-3880