



Epidemiology Unit
Ministry of Health & Indigenous Medicine

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Epidemiology Unit
Ministry of Health

Data Request Form

Data request is applicable to additional data required beyond publications on Epidemiology unit website
www.epid.gov.lk

Date

Name

Designation

Organization

Official Address

E-mail

Contact Phone Number

Office		Mobile	

Specify details of requested data

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Reason for the data request (If research, please provide the ethical approval letter and the research protocol)

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Data Format (Eg: raw data / data report / data graph / data table)

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Expected benefit in providing requested data to the epidemiology unit/the general public

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This request will be submitted to the Data Releasing Committee of the Epidemiology unit that will make the final decision with regard to the releasing data.

Declaration (Tick the relevant box)

		Yes	No
01.	I, hereby, agree not to utilize the data for purposes other than the indicated above		
	I, hereby, agree not to provide the data to a third party		
02.	Is there any possibility of publications / reports utilizing the data being requested		
03.	If there is a possibility of publication / report being published, I agree to make appropriate acknowledgement to the Epidemiology Unit, Ministry of Health, Colombo		
04.	If there is a possibility of publication / reports being published, I hereby agree to offer a co-authorship to a member of the Epidemiology Unit, nominated by the data releasing committee		

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Signature

For office use only

Data releasing date:

Data Releasing Committee recommendation.

Recommended / not recommended

Acknowledgement:

Co – authorship:

Name of the data releasing committee members:

1.

2.

3.

Approved /not approved by Chief Epidemiologist: