



Midwest Health Initiative

Data Access for Research Request Information Form

Contact Information

Primary Contact:

Email Address:

Phone:

Organization:

Organization Type:

Project/Research Information

Project/Research Title:

Project/Research Objective(s):

Please describe the intended use of the project/research results:

Expected Timeframe (including grant/funding proposal period, date when the project will gather MHI data, and research project duration):



How is this project/research funded?

Please name all researchers who will access the data:

Data Access Information

How many years of data would you like to request, and for which years?

Please list the data elements / variables that you are interested in:

If you would like to include filters on data elements, or refine the scope of the data pull in any way, please list the variables and filter requests:



Linking Data – If you plan to link MHI’s data to outside databases, please describe the data you wish to link to, and list the data elements / variables needed for linking:

Please email completed form to jpowless@stlbhc.org