



Mortality Data Request Form

Contact Information of Requester

Name: _____
 Address: _____
 City: _____
 State: _____
 ZIP Code: _____
 Phone #: _____
 Fax #: _____
 Email Address: _____

Type of Organization

Government Entity:

Law Enforcement Agency

Regulatory Agency

Other:

Nonprofit/Academic:

University of California

California State University

Other:

❖❖ IMPORTANT NOTICE ❖❖

Requests may be subject to review by the Department of Public Health's Institutional Review Board (DPH IRB) or may require a submission to the California Department of Public Health's Center for Protection of Human Subjects (CPHS) for approval. Please visit the following websites for more information:

- County of Los Angeles Department of Public Health IRB
<http://publichealth.lacounty.gov/IRB/index.htm>
- California Department of Public Health CPHS
<http://www.oshpd.ca.gov/boards/cphs/>

If you are interested in obtaining tabulated mortality or life expectancy tables, and/or health surveys, please visit our online query system at:

- L.A. HealthDataNow!
<https://dgs.publichealth.lacounty.gov/>

If you are interested in obtaining tabulated birth data tables, please contact the Maternal Child and Adolescent Health Program at:

- MCAH
<http://publichealth.lacounty.gov/mch/index.htm>

For any raw birth data file request, contact the California Department of Public Health:

- California Department of Public Health OHIR Application
<http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx>

For any questions, please contact the Office of Health Assessment and Epidemiology Program.

Office of Health Assessment and Epidemiology
313 N. Figueroa Street, Room 127
Los Angeles, CA 90012
Telephone: (213) 240-7785
Fax: (213) 250-2594
E-mail: DCA@ph.lacounty.gov

Death Data File

<input type="checkbox"/> Race (White, Black, Hispanic, AI, Asian/Pacific Islanders)	Years Available: varies (contact the Office for more information)
<input type="checkbox"/> Sex	
<input type="checkbox"/> Age	Requesting Data Year(s):
<input type="checkbox"/> Date of death	
<input type="checkbox"/> Birthplace	
<input type="checkbox"/> Name*	
<input type="checkbox"/> Address*	
<input type="checkbox"/> City of residence	
<input type="checkbox"/> County of residence	
<input type="checkbox"/> Marital Status	
<input type="checkbox"/> Census tract(s)	
<input type="checkbox"/> Social security number*	
<input type="checkbox"/> Manner of death	

All data sets are in SAS format.

* For special requests only. Requests will be subject to review by the DPH IRB or the California Department of Public Health's CPHS.

Project Description

If the following items are addressed in the project protocol, please state the specific page and paragraph in the protocol where the information may be found.

1. Clearly state the general purpose of your project. (What specific questions will be answered by this project? What is the principle hypothesis to be tested?)

2. Provide a broad overview of how the data file(s) you are requesting will be used to achieve the purpose of this project. Please include a description of both the study population and any control groups that are utilized.

3. Will the requested data be used in the following ways?

a. Geocoding/Geographic Information System (GIS): YES NO
If yes, please describe.

b. Combination/merge/coordination with other data set(s) or databases: YES NO
If yes, please describe, including a description of the data variables within other datasets or databases (ie, census data, hospital level demographics, socioeconomic indicators, etc.).

c. List the data variables that will be used to accomplish the link.

Access to Data

Who will have access to the data? List the names of all persons including vendors/contractors who will have access to the requested files explain their relationship to the sponsoring institution (faculty, student, analyst, etc.). If you need more space, please attach a separate sheet.

Person #1

Name:

Telephone:

Organization:

Function:

Person #2

Name:

Telephone:

Organization:

Function:

Person #3

Name:

Telephone:

Organization:

Function:

Person #4

Name:

Telephone:

Organization:

Function:

Person #5

Name:

Telephone:

Organization:

Function:

Person #6

Name:

Telephone:

Organization:

Function:

The agreement below applies to and must be signed by each applicant. It has been determined that data files previously deemed "public use," "unidentifiable," or "non-confidential" are at risk of re-identification through the use of the internet and other sources for fraudulent use. The law obligates users of the files to protect the identity and privacy of subjects contained in the files. Please read the agreement below, sign, and return with the application.

Vital Statistics Data Access Agreement

I, undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers, including social security number and/or mother's maiden name from the files. I agree not to use files for purposes not described in this agreement without contacting the Office of Health Assessment and Epidemiology Program. I agree that the files or portions of the files will not be posted on the Internet except as provided by law, Health and Safety Code 102231(e), and will not be used for fraudulent purposes. I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor punishable by up to one year in jail and/or a fine of \$1,000 and may result in denial of further access to data files, Health and Safety Code, Sec.102232. Additionally, I agree to destroy or return all vital statistics data files obtained via this application to the Office of Health Assessment and Epidemiology Program upon completion of the project.

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the County of Los Angeles Department of Public Health / Office of Health Assessment and Epidemiology.
3. If the data requester hires an outside contractor(s)/agency(ies) to process the data, the requester must notify the Office of Health Assessment and Epidemiology Program.

Print Requester Name

Print Supervisor Name

Requester Signature

Supervisor Signature

Title / Position

Title/Position

Date

Date

Office of Health Assessment & Epidemiology Use Only

Request Received Date: _____
EU Authorization Signature: _____
EU Approved Date: _____