

**DATA REQUEST FORM - Family Health Bureau**

Before you complete and submit this request form, please review our publications on [www.familyhealth.gov.lk](http://www.familyhealth.gov.lk) website and check that the data you require is not already released in our reports.

Date 

D	D		M	M		Y	Y	Y	Y
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Name of person requesting data

Organization

Position/Job title

Official address

E – mail address

Phone Office /Personal 

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Data requested (specify with details)

Reason for the request [If research , please provide the summarized research proposal with ethical approval letter]

Possible benefit in releasing this data to the public

Advise how is data will be stored and used and how will this information be disclosed/disseminated

This request will be submitted to the data release committee of the Family Health Bureau in which the final decision with regard to release of data to the applicant will be taken.

**Declaration**

I will not use the data for purposes other than mentioned above - **agreed / not agreed**

Reporting / publication of this data will be done with appropriate acknowledgement / co-authorship as indicated by the FHB data release committee. - **agreed / not agreed**

.....  
Applicant

Date :

Recommended/not recommended by Data Release committee .....

Approved / not approved by D/MCH .....