

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DATA REQUEST AND LEVELS OF SUPPORT**

REFERENCE NO. 622.1

Data Request Tracking Number: (To be completed by the EMS Agency): _____

Complete all requested information below and submit applicable documents. Review Release of EMS Data (Ref. No. 622), prior to completion.

1. Date:
2. Data Recipient (person submitting request)
 - a. Name:
 - b. Title/Position:
 - c. Facility/Agency/Organization/Affiliation:
 - d. Mailing Address:
 - e. Telephone number:
 - f. E-mail address:
3. Indicate preference on how the data should be provided:
 - a. ☐ E-Mail
 - b. ☐ U.S. Mail
 - c. ☐ Phone
 - d. ☐ Fax (____) ____-_____
 - e. ☐ Other (specify) _____
4. Indicate documents submitted with this request (check all that apply):
 - a. ☐ Limited Data Set Information (Ref. No. 622.2)
 - b. ☐ Intended Use of Limited Data Set Information (Ref. No. 622.3)
 - c. ☐ Data Use Agreement (Ref. No. 622.4)
 - d. ☐ Confidentiality Agreement (Ref. No. 622.5)

5. Indicate the level(s) of support requested from the EMS Agency (check all that apply):

- a. ☐ Support in concept – letter of support or verbal accord of project
 - b. ☐ Guidance – provide feedback on methodology, analysis, manuscript, etc.
 - c. ☐ Data Abstraction – provide raw data from EMS Agency data registries
 - d. ☐ Data Analysis – provide summary data, statistical analysis, tables, figures, etc.
 - e. ☐ Other (this may include manuscript revision, operations/system resources, grant support, etc.) – please describe other support requested
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6. Submit completed data request and applicable documents to the following individuals:

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