# aggregate data request FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please Print) | | | | | | | | | | |
| Today’s date: | Click here to enter a date. | | | | | | | | | |
| Requestor INFORMATION | | | | | | | | | | |
| Name: |  | | | | | | | | | |
| Title: |  | | | | | | | | | |
| Institution/ Agency |  | | | | | | | | | |
| Phone number: |  | | | | | | | | | |
| E-mail address: |  | | | | | | | | | |
|  | | | | | | | | | | |
| aggregate data information | | | | | | | | | | |
| (Please fill out as completely as possible.) | | | | | | | | | | |
| Data is for residents of: [Specify CT, town(s), district, and/or county.] | | | | | | |  | | | |
|  | | | | | | | | | | | |
| Describe aggregate data requested: | | | | | | | | | | | |
| What type of data is requested? | | | Deaths | | ED visits | | | | | Hospital discharges | |
| Other | | | Specify other (e.g. costs, length of stay, etc.): | | | | | | | |
| Rates or counts of injury incidents: [May check more than one.] | | | Counts | | | Rates/10,000 or 100,000 population | | | | |
| Stratify data by: [May check more than one.] | | Age Group | | Gender | | | | | Race and Ethnicity | | |
| Time period of data: | | From date: | | | | | | To date: | | |
|  | | Click here to enter a date. | | | | | | Click here to enter a date. | | |
| By what date do you need the data? | | | | | | | | | | |
| Any other comments? | | | | | | | | | | |
| Please attach form and send to [michael.makowski@ct.gov](mailto:michael.makowski@ct.gov) or call 860-509-7236 if more information is needed. | | | | | | | | | | |