



Epidemiology Unit  
**Ministry of Health & Indigenous Medicine**

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**Data Request Form**

Data request is applicable to additional data required beyond publications on Epidemiology unit website  
[www.epid.gov.lk](http://www.epid.gov.lk)

Date				
Name				
Designation				
Organization				
Official Address				
E-mail				
Contact Phone Number	Office		Mobile	

Specify details of requested data

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Reason for the data request (If research, please provide the ethical approval letter and the research protocol)

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Data Format (Eg : raw data / data report / data graph/data table)

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Expected benefit in providing requested data to the epidemiology unit/the general public

This request will be submitted to the Data Releasing Committee of the Epidemiology unit that will make the final decision with regard to the releasing data.

**Declaration (Tick the relevant box)**

		Yes	No
01.	I, hereby, agree not to utilize the data for purposes other than the indicated above and not to provide the data to third party		
02.	Is there any possibility of publications / reports utilizing the data being requested		
03.	If there is a possibility of possibility of publications / reports, I agree to make appropriate acknowledgement to the Epidemiology Unit, Ministry of Health, Colombo		
04.	If there is a possibility of possibility of publications / reports, I agree to offer co-authorship to a member of the Epidemiology Unit, nominated by the data releasing committee		

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Signature

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**For office use only**

Data releasing date: .....

**Data Releasing Committee recommendation.**

Recommended / not recommended

Acknowledgement: .....

Co - authorship: .....

Name of the data releasing committee members:

1. ....

2. ....

3. ....

Approved /not approved by Chief Epidemiologist: .....