

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **INTENDED USE OF LIMITED DATA SET INFORMATION** REFERENCE NO. 622.3

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

Data Recipient: (name) _____

Check the applicable intended use:

- Quality Improvement
- Research (intent to publish)
- Education
- Background Statistics

IRB: Approved Number: _____ Pending Review

List intended disclosure of Limited Data Set Information to third parties (e.g., research assistants, collaborators):

Brief description of project *(For research proposals, also attach the complete study protocol)*