

Office for Oregon Health Policy and Research
PUBLIC USE DATA SET
RESEARCH DATA ORDER FORM

Submit this form with a **Research Data Request** (Form D-1).

I. CONTACT INFORMATION

Researcher Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ FAX: _____

Email: _____

II. ITEMS REQUESTED

Dataset	Quarter(s) or Year(s)	Price*
Total		

****Charge is \$75/quarter or \$250/year of public use discharge data requested.***

Please submit: 1) A signed OHPR Research Data Request (Form D-1);
2) This Data Order Form (D-2), and
3) A check to Office for Oregon Health Policy and Research.

Mail To: Office for Oregon Health Policy and Research
Research & Data Unit
Attn: Shawna Kennedy
1225 Ferry St. SE, First Floor
Salem, OR 97301

Fax: (503) 378-5511 **Questions:** [Shawna Kennedy](#) or (503) 373-1598