

RESEARCH DATA ORDER FORM

NOTE: Submit this form with a **Data Use Agreement** (FormD-3).

I. CONTACT INFORMATION

Researcher Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

FedEx/UPS # (if applicable): _____

Phone: _____ FAX: _____

Email: _____

II. ITEMS REQUESTED

Dataset	Year(s)	Price**
Total		

**Charge is \$75 per year of public use discharge data requested. Fees for other data sets will be determined as provided in OAR 409-021-0115.

Include payment with Data Order Form and a signed OHPR Data Use Agreement (FormD-3). No data will be provided without a signed Data Use Agreement.

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

Fax: (503) 378-5511

Questions: [Shawna Kennedy-Walters](#) or (503) 373-1598