

BIRTH DEFECTS DATA REQUEST FORM

Send request to: Julie Johnston (julie.johnston@la.gov)
Louisiana Birth Defects Monitoring Network Program
PO Box 60630 New Orleans, LA 70160-0630 (225) 342-2017

Date of Request: MM/DD/YYYY

Reply requested by: MM/DD/YYYY
(Please allow a **minimum of 2 weeks** for reply)

Name:

Title:

Affiliation:

Address:

Phone number:

E-mail address:

Study summary or objectives:

Variable(s) and year(s) of data requested:

Have you applied for Institutional Review Board (IRB) approval? Yes No

Was approval received? Yes No In-Process

Signature: _____ **Date:** _____