



## Ontario Case Costing Information Request Form

<b>Date of request:</b>	
<b>A. Requester Information</b>	
<b>Name:</b>  <b>Organization:</b>  <b>Tel: (   ) -</b>	<b>Title:</b>  <b>Address:</b>  <b>City</b> <b>Prov.      ON      Postal Code</b>  <b>E-mail:</b>
<b>B. Details of Request</b>	
<b>1. Objective / Data Usage</b> <ul style="list-style-type: none"> <li>a) Purpose / Benefits of Project(s) <ul style="list-style-type: none"> <li>•</li> </ul> </li> <li>b) What data is being requested? (please indicate clearly which ICD codes are to be queried) <ul style="list-style-type: none"> <li>•</li> </ul> </li> <li>c) Briefly describe data Analysis to be performed <ul style="list-style-type: none"> <li>•</li> </ul> </li> <li>d) Specify the medium of data transmission required. (default medium is email) <ul style="list-style-type: none"> <li>•</li> </ul> </li> </ul>	
<b>2. Distribution of Reports or Analysis</b> Indicate expected data and distribution of Reports or Analysis <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>3. Security Measures</b> Describe measures to be undertaken to ensure electronic and/or physical security of data <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>4. Names of Persons with Access to Data</b>	
<b>Name:</b> <b>Title:</b>	<b>Name:</b> <b>Title:</b>



## Ontario Case Costing Information Request Form

Name: Title:	Name: Title:
Name: Title:	Name: Title:

**Please e-mail / fax / mail to:**

**Ministry of Health and Long-Term Care**

4<sup>th</sup> Floor  
5700 Yonge Street  
Toronto ON (Canada)  
M2M 4K5  
Tel: 416 314-5925  
Fax: 416 327-8951  
E-mail: [info@occp.com](mailto:info@occp.com)

**NOTE: THERE IS A SERVICE CHARGE FOR EACH DATA REQUEST. THE FIRST HOUR IS FREE OF CHARGE. FOLLOWING THE FIRST HOUR, IT IS \$100.00 PER HOUR PLUS GST.**