GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

DIVISION OF ENVIRONMENTAL HEALTH
GUAM PRESCRIPTION DRUG MONITORING PROGRAM
REQUEST FOR PDMP DATA
FOR RESEARCH PURPOSES

Requester Information:

Name:_____ Institution/Agency:_____

Title/Position:_____ Immediate Supervisor/Manager:_____

Agency Address:_____

Street City State Zip

(The report will be mailed to this address unless "Pick up results" box is checked.)

Pick up results: ☐ Yes ☐ No

Email Address:_____ Phone Number: _____

Type of Data Requested: ☐ Aggregate data ☐ De-identified individual-level data
(Check all that apply) ☐ Identifiable data (requires additional justification and approvals)

Specific Data Elements Needed: _____
(Please provide a list of all requested variables or data points, or submit a data form to be completed.)

Time Period for Requested Data: From _____ to _____

Purpose of Data Use: _____
(Describe how the data will be used and expected outcomes)

Will data be shared with any third party? ☐ No ☐ Yes (Please describe): _____

I acknowledge and verify the following:

- I certify the information provided is accurate and that I will use the data solely for the purposes described above; and
- If I release, obtain, or attempt to obtain information from the program in violation of Title 26 GARR, Chapter, 4, Article 18, §41819 or §41820, I may be subject to civil or criminal penalties or liabilities under the law.

_____ _____
Signature Date

_____ _____
Immediate Supervisor/Manager Date

Mail to: Guam PDMP, Division of Environmental Health, Department of Public Health & Social Services, 155 Hesler Place, Hagatna, Guam 96910
Email to: dphss-pdmp@dphss.guam.gov

For Internal DEH use only:

Request: ☐ **Approved** ☐ **Disapproved** _____ **Initials**