Reproductive Care Program of Nova Scotia

Halifax Professional Centre
5991 Spring Garden Road, Suite 700
Halifax, Nova Scotia B3H 1Y6
Tel: 902.470.6798
RCP@IWK.nshealth.ca

RCP Aggregate Data Request Form

Complete this form and send it to rcp@iwk.nshealth.ca

Date of data application:

Date data required:

Name of requester:

Organization:

Position:
(within your organization)

Mailing Address:

Telephone number:

Fax:

Email:
(Enter an e-mail address for us to contact you regarding your request. When you submit your request a copy will be sent to this address)

Description:
(description of request)

Number of years Request: ☐
(number of years' worth of data you are requesting)

Report each separately:

(Report each years aggregate separately)

Yes ◯

No ◯

Include Total:
(Include a total for all years)

Yes ◯

No ◯

Year type to report by:
(Report data by calendar or fiscal year)

Calendar ☐

Fiscal ☐

Place type to report by:
Report data by place of residence (e.g. breastfeeding rate for residents of "x") Report data by place event (e.g. breastfeeding among those who gave birth in "x")

Place of residence ☐

Place event occurred ☐