

Date:

**NWTS request for data / patient information**

Please complete the contact details form and email to info@nwts.nhs.uk

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| --- | --- |
| Name: |  |
| Job Grade & Speciality: |  |
| Workplace: |  |
| Tel No 1st Preference: |  |
| What data/information would you like: |  |
| Please state the reason you need the data/info or what you will be using it for: |  |
| Email Address (Usual):Email Address (Work):Email Address (Other): |  |

|  |  |
| --- | --- |
| **Date:**  | Signature:  |

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| Checklist (Admin use only) | Done |
| Email request to Christopher Walker & Suzy Emsden for approvalPlease cc Daniel McGrath into the email |  |
| Contact requester with an ETA |  |
| Send data / info if approved |  |