

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **INTENDED USE OF LIMITED DATA SET INFORMATION** REFERENCE NO. 622.3

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Data Request Tracking Number: (To be completed by the EMS Agency) \_\_\_\_\_

Data Recipient: (name) \_\_\_\_\_

Check the applicable intended use:

- Quality Improvement
- Research (intent to publish)
- Education
- Background Statistics

IRB: Approved  Number: \_\_\_\_\_ Pending Review

List intended disclosure of Limited Data Set Information to third parties (e.g., research assistants, collaborators):

\_\_\_\_\_

**Brief description of project** *(For research proposals, also attach the complete study protocol)*