

**Hazardous Substances Emergency Events Surveillance (HSEES)
Service or Material Request Form**

* Indicates required information

Requestor Information:

* Date Submitted: ___/___/___ * Date Needed: ___/___/___
* Name: _____
Title: _____
* Address: _____
* City: _____ * State: _____ * Zip: _____ - _____
Phone: _____ Fax: _____
* E-mail address: _____

Service or Material Requested (check off what is needed)

___ HSEES public use dataset (to do your own data analysis)
 __ Please mail me a CD
 __ I will download from this website
___ Custom Data Request (describe exactly what data is needed)

___ HSEES brochure (number of copies) _____
___ HSEES Report Year(s) _____ Number of copies _____
___ HSEES Protocol
___ HSEES Data collection Form and Training Manual
___ Journal Article: Lead Author _____ Year _____
Title or Topic _____
___ Clearance of HSEES-related materials that will be disseminated
___ Other (specify) _____

Will this information be disseminated in any way (i.e. as part of a fact sheet, report, presentation, poster, journal article)

- Yes, redistributed, as is (please complete rest of form)
- Yes, as part of something new (please complete rest of form)
- No (Thanks, you are finished)

PLEASE COMPLETE ALL OF THE INFORMATION SO THAT WE MAY CONTINUE TO JUSTIFY THIS PROGRAM AND PROVIDE THESE SERVICES

* **Target Audience type(s)** _____
(i.e., EMTs, Industry Safety Personnel)

* **Approximate Audience Number** _____
(i.e., copies distributed, attendees at the conference, or hits on website)

Intended purpose for requested materials (check off all appropriate)

Internet Site (website address or name) _____

Fact Sheet topic _____

Report topic _____

Journal Article topic _____

Submitting to: _____

Newsletter topic _____

Submitting to: _____

Poster or presentation topic _____

for a conference, Name of Conference _____

meeting, etc. Date ___/___/___

General awareness information on the program

Other (specify) _____

Is this an HSEES approved prevention outreach activity yes no

If not submitting online, submit to Casetta Simmons, ATSDR/DHS/ESB, 1600 Clifton Road, N.E.,
Mailstop E-31, Atlanta, GA 30333, Fax to 404-498-0077, E-mail CSimmons@cdc.gov

For Official Use Only

ID # _____ **Date Received** ___/___/___ **Date Completed** ___/___/___ **Initials** _____