

# RESEARCH INFORMATION REQUEST FORM – PAGE 1

FOR INTERNAL USE ONLY	
Date Received:	
Request Number:	
Status:	



**PLEASE SEND YOUR COMPLETED INFORMATION REQUEST FORM:**  
**By email:** [researchdata@iqvia.com](mailto:researchdata@iqvia.com)  
**or by fax:** 514-428-6086  
**or by mail:** 16720 Trans-Canada Highway, Suite 100, Kirkland, QC, H9H 5M3

1. PRIMARY REQUESTOR	
Name:	
Title:	
Organization:	
Address:	
Phone:	
Fax:	
E-Mail:	

2. SECONDARY USER (IF APPLICABLE)	
Name:	
Title:	
Organization:	
Address:	
Phone:	
Fax:	
E-Mail:	

**3. NOTE: If you wish to use IQVIA data for litigation, you do not have to fill the rest of the form. Please contact Thomas Hesler directly at 514-641-8821 or at [thomas.hesler@iqvia.com](mailto:thomas.hesler@iqvia.com)**

4. IF YOU MADE A PREVIOUS REQUEST, PLEASE PROVIDE THE FOLLOWING INFORMATION:	
Date requested:	
Information requested:	
Status of request:	

# RESEARCH INFORMATION REQUEST FORM – PAGE 2

## 5. PLEASE INSERT ABSTRACT OF PROPOSED RESEARCH (LIMIT - 300 WORDS)

Briefly describe the research including title; principle researchers; research sponsor (if any) research background; objectives / hypothesis; research design; outcome measures; analytical methods; potential importance and implications of any findings and conclusions; and dissemination strategy including plans or opportunities for publication.

## 6. DETAILS OF INFORMATION REQUESTED

Please provide a specific and detailed description of the information being requested. Where possible indicate products or molecules or classes of drugs of interest; relevant time period (weeks, months, years); measures such as number of prescriptions; number of dosage forms (extended units); number of dollars (purchases by drugstore and hospitals or retail sales); age; gender; etc.

- *Please note that time periods vary across the different databases and depending on your requirements, the analyst will inform you on the availability of the information.*
- *In the event that an update of a report is requested, the data sources used may differ slightly from those used previously due to continuous evolving methodologies.*
- **Consultancy fees could be charged to the applicant in the case where sales support is required beyond one year after obtaining the IQVIA data.**

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## 7. PLEASE INDICATE WHICH BEST DESCRIBES YOUR PROFESSIONAL AFFILIATION:

Academic / researcher – University: <input type="checkbox"/>	Health Care Professional Association: <input type="checkbox"/>
Academic /researcher – Other: <input type="checkbox"/>	Health Care Professional College: <input type="checkbox"/>
Student: <input type="checkbox"/>	Government – Federal: <input type="checkbox"/>
Charitable (non-profit) Organization: <input type="checkbox"/>	Government – Provincial: <input type="checkbox"/>
Consumer Group: <input type="checkbox"/>	Other: <input type="checkbox"/>
Health Care Professional: <ul style="list-style-type: none"> <li>Physician: <input type="checkbox"/></li> <li>Pharmacist: <input type="checkbox"/></li> <li>Nurse: <input type="checkbox"/></li> <li>Other: <input type="checkbox"/></li> </ul>	

## 8. IS THIS RESEARCH FUNDED OR NON-FUNDED?

Funded research would have direct or indirect funding either from a commercial source (i.e. pharmaceutical industry), a government source (i.e. research grant), or a non-government source (i.e. contract research).

*NOTE: The cost to obtain Canadian data from IQVIA may vary depending on the type of information requested. A formal quote will be provided once the request form has been reviewed by our internal team.*

## 9. FUNDING INFORMATION: (ANSWERS TO THE QUESTIONS BELOW ARE MANDATORY)

What source(s) of funding will support this research?	
What is the total approximate budget currently available for the acquisition of data and/or analytics services from all funding sources?	

## 10. DO YOU INTEND TO MAKE THE IQVIA INFORMATION PUBLIC IN ANY WAY? IF YES, CONFIRM INTENDED TIMING AND TYPE OF PUBLICATION.

# RESEARCH INFORMATION REQUEST FORM – PAGE 4

## 11. ARE YOU A RESEARCH ASSISTANT OR ONE OF THE PRIMARY AUTHORS THAT WILL BE AUTHORIZING THE PUBLICATION?

Research assistant:

Primary author:

## 12. PLEASE LIST ANY OTHER INFORMATION WHICH YOU CONSIDER USEFUL FOR IQVIA IN PROCESSING THIS REQUEST.

## 13. WHERE DID YOU HEAR ABOUT IQVIA? PLEASE SPECIFY :

Conference / Meeting:

University:

Government organization:

Health organization:

Professional association:

Pharmaceutical company:

Research publication:

Media (newspaper):

Medical journal:

IQVIA website:

Other website:

Please specify:

Physician:

IQVIA employee:

Health researcher:

Friend / Colleague:

Other:

Please specify:

**IQVIA's ability to respond and support research requests will vary based on technical complexity of the request and the number of requests pending. Please plan a period of two to four weeks for the extraction of data to be completed, as of the date of receipt by IQVIA of the application information completed by the researcher.**

### PLEASE CHECK THE BOX BELOW TO INDICATE YOUR UNDERSTANDING THAT YOU MUST RESPECT OUR CONFIDENTIALITY AGREEMENT, WHICH INCLUDES ADHERENCE TO THE IQVIA PUBLICATION POLICY.

I understand that if this request is approved, I must respect the IQVIA confidentiality agreement and adhere to the IQVIA Publication Policy.

**THANK YOU FOR YOUR INTEREST.**

An IQVIA representative will be contacting you shortly to follow up on your request.