MD STAR*net* Data Request Form

Date: _____

Person(s) requesting data (investigators):

_____

_____

_____

Institution: _____

Contact information

Email: _____ Phone Number: _____

Address: _____

Please describe the data or research question you are interested in:

How will you use the data (manuscript, short report, etc.):

Proposed timeline for completion of activity:

How will this data request benefit the muscular dystrophy community?

Email this completed form to MDSTARnet@CDC.gov.