



HEALTH INDUSTRY
INFORMATION SERVICES

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

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 Sylvie Séguin directly at 514-428-6208 or at sylvie.seguin@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 frames 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 our continuous evolving methodologies.
- Consultancy fees (\$ 184 per hour) could be charged to the applicant in the case where sales support is required beyond one year after obtaining the IQVIA data.

RESEARCH INFORMATION REQUEST FORM – PAGE 3

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:	
Physician: <input type="checkbox"/>	
Pharmacist: <input type="checkbox"/>	
Nurse: <input type="checkbox"/>	
Other: <input type="checkbox"/>	

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 (**minimum fee to purchase IQVIA Canadian data is \$1,500 before applicable taxes**). A formal quote will be provided once the request form has been reviewed by our internal team.*

9. FUNDING INFORMATION: (THE 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.

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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 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 will vary based on technical complexity of the request and the number of requests waiting to be completed. 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 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 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.