

Hospital Research Gateway
Hospital for Tropical Diseases, Faculty of Tropical Medicine
Hospital Statistics Request Form

Requestor: _____ Department: _____ Date: _____

Phone number: Office _____ Mobile _____

Email: _____

Interesting diagnosis: 1)..... Year OPD IPD
 2)..... Year OPD IPD
 3)..... Year OPD IPD

N (เจ้าหน้าที่)

Special Request

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Note:

1. Hospital will provide only n of specific diagnosis by year
2. No patient identifiable information will be provided
3. Information provided should be considered confidential and must not disclosed outside the faculty.

.....
 (.....)
 Requestor

Fit all criteria, OK to release information as indicated above

Pre-Approved by GateKeeper
 Date

Approved by
 The Director of the Hospital for Tropical Diseases
 Date