

**North Carolina Department of Health and Human Services,  
Division of Public Health (DPH)  
NC-SUDORS Local Health Department Data Request Form  
for Overdose Fatality Reviews**

This form should be completed when a local health department (LHD) in North Carolina requests access to data from the North Carolina State Unintentional Drug Overdose Reporting System (NC-SUDORS) for Overdose Fatality Reviews. Completion of this form is required before NC-SUDORS data can be shared and should be completed on an annual basis and/or when there is a change in LHD Director.

**Please submit this completed form at least 30 days before data is required.** Requests submitted less than 30 days in advance of the desired data receipt date may be delayed in their execution. Once signed by the Local Health Director, submit this completed form to [SubstanceUseData@dhhs.nc.gov](mailto:SubstanceUseData@dhhs.nc.gov), and please use “**LHD SUDORS Request**” as your email subject line.

**Recipient information**

LHD Director Name:

Email:

LHD Name:

County/Countries covered by LHD:

**Details of the Data Request**

1. The Recipient will be using the requested data for only non-research activities only (e.g., public health surveillance, public health practice or overdose fatality reviews). Please confirm that your planned use of data aligns with these activities.

☐ Yes      ☐ No

2. Please provide a brief description of the project for which the data will be used:

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3. Please indicate which year(s) of data you are requesting.

Please Note: NC-SUDORS data are grouped by year of death and are available starting in 2018. Most recent data years may not yet be final.

Year(s) requested: \_\_\_\_\_

4. Is the Recipient planning to sell or profit from any portion of the data provided to it by DPH to other parties, including any portion of a final linked data set that includes DPH data?

☐ Yes      ☐ No

**The Recipient attests that this data will be used by the undersigned LHDs pursuant to applicable state law for the protection of public health and for the purposes of the project as described in this Agreement. Recipient further attests that the Agreement has been reviewed and approved by the respective Local Health Director. The recipient agrees to be responsible for protecting the data and destroying the data upon completion of the project.**

LHD Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_