

Information Request Form

phone 667-4314 / fax 667-4737

Your name _____ Today's date _____

Department + Lab _____ Needed by _____

Phone/E-mail _____

Check one: FHCRC SCCA

Preferred Delivery method:

- Printed and delivered via interoffice mail Mailstop: _____
- Printed and faxed Fax number: _____
- Emailed Email account: _____
- Downloaded to disk (please provide the disk)

Search topic: Please provide a few sentences specifying your request.

Topics NOT to be included:

Any other suggestions which might help us? (Authors, journals, recent articles which you know of, MeSH terms?)

Years to be included in the search: _____

Language: English Any language Other (please specify) _____

Subjects: Human Male Female Animal (please specify) _____

Age: No restrictions Fetus Infant, Newborn(birth-1mon) Infant(1-23mon) Child, Preschool(2-5yr)
Child(6-12yr) Adolescent(13-18yr) Adult(19-44yr) Middle Age(45-64yr) Aged(65-79yr) Aged, 80 and
over(80+yr)

The number of references should be: fewer (with focused retrieval)
greater (with broader retrieval, including peripheral items)

