



VICTORIA
GENERAL
HOSPITAL



2340 Pembina Hwy.
Winnipeg, Manitoba
R3T 2E8

REQUEST FOR ASSISTANCE FORM

Name: _____ Facility/ Department: _____

E-mail Address: _____

Phone number: _____

Please describe below the nature of your inquiry:

Purpose:

Anticipated Workload Requirements: Please check all that apply

- literature review
- data Analysis
- data collection
- write up of report
- other (please specify: _____)

| |
|-------------------------|
| Office use only |
| Date received: _____ |
| Date of response: _____ |
| Initials: _____ |