**HIP Archive Data Request**

**Requestor to complete the following fields:**

Requestor Name: Click or tap here to enter text.

Country: Click or tap here to enter text.

Request Date: Click or tap here to enter text.

Reason for needing the data: Click or tap here to enter text.

**Complete either Section A or Section B below:**

**Section A: Individual HIP Activity Request (complete if you are requesting a specific HIP activity):**

Enter HIP Activity ID (the complete ID, i.e., 2019-12345): Click or tap here to enter text.

Select all Data Elements Needed:

Activity Information/Details

Audit Trail

Supporting Documents

Comments: Click or tap here to enter text.

**Section B: Data Set Request (complete if you are requesting data for a group of transactions):**

Service Provider Name(s):Click or tap here to enter text.

Country: Click or tap here to enter text.

Activity Type(s): Click or tap here to enter text.

Select all Data Elements Needed:

Activity Information/Details

Audit Trail

Supporting Documents

Time Period Activity Start Date: Click or tap here to enter text.

Time Period Activity End Date: Click or tap here to enter text.

Comments: Click or tap here to enter text.

Send completed form to [ComplianceOperation@tevapharm.com](mailto:ComplianceOperation@tevapharm.com).