**Project Name:\_\_ Date:\_\_**

1. **Contact Name:\_\_ Title:\_\_   
   Phone:\_\_**
2. **Project team members are from:** ECU Health

(check all that apply)ECU

Student (list University and Degree):

Non-ECU Health Team Member(list Institutional Affiliation)**:**

1. **Purpose of Data Collection:  Research, please provide UMCIRB #:**

**Feasibility   
 Quality   
 Clinical Use**

**Conference/Presentation, please provide date: \_\_**

1. **ECU Health Department/Unit Administrator approved the data access:  Yes  No**

If Yes, please provide the approver name and phone number: **\_\_\_**

1. **What systems/databases data originating from: \_\_\_**

1. **Collected Data will be :  Blinded** (per HIPAA guidelines – no patient identifiable data)

**Un-blinded** (patient identifiable information provided)

1. **If sharing the data outside of your study team, how will the data be shared:**

**Not sharing**

**Blinded** (per HIPAA guidelines – no patient identifiable data) **Un-blinded** (patient identifiable information provided)

If sharing, please list the Person/Entity/Event/Publication:\_**\_\_\_**

1. **This report will be on a Population with following characteristics** (check all that apply)**:**

A list of patients I already have

Patients with Alive Status Only

Patients seen at ECUH Medical Center

Patients seen at ECUH Hospitals and/or Facilities (Please list the specific hospitals and/or facilities):\_\_\_

Patients seen at a certain Department / Service / Clinic / Unit (please list)**:**

Patients/Encounters within a **date range**:\_\_\_

Patients/Encounters with a certain **age range**:\_\_\_

Patients/Encounters with a certain **procedure***: (list CPT codes)\_\_\_*   
  ANY history of a procedure  a procedure on specific encounters\_\_

Patients/Encounters with a certain **diagnosis:** *(list diagnosis ICD10 codes)\_\_\_*

*Specify which diagnosis to use:*

Admission or Discharge diagnosis Encounter diagnosis

Reason for visit or Chief Complaint  Problem list

ANY history of X diagnosis  Other: *(specify)*\_\_\_\_

**Other limitations:** *(list)\_\_\_*

1. **The Data Collection Sheet (Report) will be a LIST of:**

**Patients** (a list of patients with their data)

**Procedures/Medications/Labs**

**Encounters** (a list of individual health encounters and encounter/patient data; may contain multiple visits for the same patient)

**And include following Parameters** (check all that apply or attach the Data Collection Sheet Example)**:**

**Protected Health Information (PHI):**

MRN  Date of birth (AGE over 89)

Name  Date of Death

Address or Zip code  Date(s) of service/admission

HAR  Other: *(specify)*\_\_\_\_

**Demographics:**

Sex  Age <89 *(specify if current or at encounter)*:\_\_\_\_

Race  Ethnicity

Other: *(specify)*\_\_\_\_

Vital Signs (*specify date-range and values requested*):\_\_\_

Medications (*specify if ordered or active during an encounter)*:\_\_\_

Problem list/diagnoses (*as in question 11, or specify)*: \_\_\_

Orders placed:

Procedures:

Discharge disposition:

ADT:

Encounter information (*such provider, department, unit, etc*):

Insurance information (*primary insurance, secondary insurance, encounter insurance*):

OTHER flowsheet data (*Please list the specific row names you are requesting):*

List other:\_\_\_\_

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ePirate  Legal  Risk

**Comments: Click here to enter text.**