**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:\_\_\_\_

**OFFICE USE ONLY**

[ ]  ePirate [ ]  Legal [ ]  Risk

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