**
Data Analytics Center Report Request Form**

**Please submit this in the Service Desk portal:**

[**http://uphsnet.uphs.upenn.edu/athenaselfservice/**](http://uphsnet.uphs.upenn.edu/athenaselfservice/) **or email it to** [**AthenaISDataRequest@uphs.upenn.edu**](https://www.med.upenn.edu/dac/assets/user-content/AthenaISDataRequest%40uphs.upenn.edu)

**Requestors must use their UPHS account/email to submit the request.**

**In the subject line please put “*Data Analytics Center Report Request*”.**

**All items with the red \* are required to be completed.**

**Date:** Wednesday, August 04, 2021

*(note: fields marked with \* are mandatory; place ‘x’ instead of ‘o’ to signify the chosen option)*

**Requester Contact Information\*:**

Name:

Department:

Email *(must be UPHS or PSOM)*: Phone:

Previous Related Report (ticket #, ticket name or analyst name):

Request Sponsor:

**Request Title\*:**

**Study Type\*:**

o **Preparatory Research** (aggregate statistics or de-identified dataset only if there is no IRB approval):

o **IRB Approved Research** (enter IRB number and approval date; attach IRB approval letter to the ticket if possible) **\***: \_\_\_\_\_\_\_

**End User’s Expected Delivery Date: \_\_\_\_\_\_\_**

**Data Request Purpose\*:**

*Select all that applies*

o Subject recruitment for study (Recruitment goal and end date?)

o Grant reporting (Submission deadline?):

o Request for funding (Submission deadline?):

o Prep for paper (Submission deadline?):

o Prep for conference (Submission deadline?):

o Thesis toward a degree (Degree type? Expected graduation date / semester?):

o General research study (describe):

Study summary

|  |
| --- |
|  |

**Funding source \*:**

o NIH

o Industry

o Internal (seed, excellence, etc.)

o Foundation/Philanthropy

o Mixed (please specify):

o Not funded

**Data Delivery Frequency**

O One-Time / ad hoc

O Scheduled (how often?)

**Data Delivery File Format**

o CSV

o Tab-delimited

o Excel

o PDF

o Individual free-text files for clinical notes

o Other (please explain):

**Data Delivery Mode**

O Secure email (e.g. Secure Share, ShareFile). Please provide recipient emails (must be on the IRB protocol):

O File drop off on PMACS-managed secure file share (provide server name)

o File drop off on UPHS-managed secure file share (provide server name)

*NOTE: by accepting to receive files, the PI is attesting that the recipient(s) have had appropriate training in handling patient information in accordance with the applicable laws, regulations and institutional policies (e.g. HIPAA Foundations or HIPAA refresher on* [*KnowledgeLink*](http://knowledgelink.upenn.edu/) *and/or* [*CITI*](https://research.upenn.edu/compliance-and-training/citi/)*)*

**Data Privacy Level Needed**

o De-identified data (identifiers removed, dates shifted)

o Identifiable data (e.g. MRN, DOB, address, etc.)

o Sensitive data (behavioral health, STIs, substance use, etc.)

**Report Definition**

*What parameters should be used to define the study patient cohort (e.g. patients diagnosed with diabetes whose highest A1C level in the last 12 months was <7%)?*

*What features should be provided in the data extract (e.g. antidiabetic medications on which patient was in last 12 months)?*

**Report Layout**

*Please draw or describe the expected data format. Are there calculations needed (e.g. average, sum, etc.)? Is data grouping needed (e.g. by patient, by day, by procedure, by Department, etc.)?*

*NOTES:*

*1) data elements requiring explicit IRB approval for PHI (i.e. not in de-identified dataset) is marked with ‘\*’*

*2) Penn Medicine BioBank (PMBB) can provide variant data* <http://www.itmat.upenn.edu/biobank/researchers.html>

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Description** | **Inclusion or exclusion criterion?** | **Display in data extract (Yes/No)?** |
| **Patient study ID** |  |  |  |
| **EMPI** \* |  |  |  |
| **MRN** \* |  |  |  |
| **Encounter study ID** |  |  |  |
| **Encounter Epic ID** \* |  |  |  |
| **Date of Birth \*** |  |  |  |
| **Date of Birth range** |  |  |  |
| **Date of Death \*** |  |  |  |
| **Date of Death range** |  |  |  |
| **Patient Age** |  |  |  |
| **Patient Age range** |  |  |  |
| **Patient Gender** |  |  |  |
| **Patient Race** |  |  |  |
| **Patient Ethnicity** |  |  |  |
| **Patient Address** |  |  |  |
| **Patient Zip code** \* |  |  |  |
| **Patient Phone** \* |  |  |  |
| **Patient Email** \* |  |  |  |
| **Patient Insurance / Payer** |  |  |  |
| **Patient Classes**Inpatient, Outpatient, ED |  |  |  |
| **UPHS entities, departments or locations where service took place** |  |  |  |
| **Provider Info**If field is to be displayed in extract, please specify what provider data is needed |  |  |  |
| **Date of service**(e.g. encounter, visit admit, visit discharge, order, result, etc.) |  |  |  |
| **Diagnoses** |  |  |  |
| **Medication Orders / Prescriptions** |  |  |  |
| **Administered Medications / MAR** |  |  |  |
| **Procedures** |  |  |  |
| **Orders** |  |  |  |
| **Lab Results** |  |  |  |
| **Pathology Reports** (name, date, contents\*) |  |  |  |
| **Endoscopy Reports** (name, date, contents\*) |  |  |  |
| **Echo Reports** (name, date, contents\*) |  |  |  |
| **ECG Reports** (name, date, contents\*) |  |  |  |
| **Cardiac Cath Reports** (name, date, contents\*) |  |  |  |
| **Electrophysiology Reports** (name, date, contents\*) |  |  |  |
| **Other Imaging Reports**(name, date, contents\*) |  |  |  |
| **Clinical notes** (name, date, contents\*) |  |  |  |
| **Flowsheet fields**Please add one row per field. |  |  |  |
| **Other**Please add one row per field. |  |  |  |