**Date:** Wednesday, March 11, 2015

**Requester Contact Information\*:**

Name: Sample, Sample

Department: Test dept

Email *(UPHS or PSOM)*: Sample .Sample@uphs.upenn.edu Phone:

Previous Report Name / ticket #:

Request Approved By:

**Request Title\*: Bad data request sample**

**Purpose\*:**

Please provide specific details on the objectives or abstract of your request. This will better help us meet your specific needs.

|  |
| --- |
| Need patient list for my research study |

**Type of Analysis \****(Please indicate the appropriate type):*

|  |  |
| --- | --- |
| Compliance, QA, Patient Care | X |
| Funded IRB Approved Research *(attach IRB Approval and Protocol)* |  |
| Non-funded IRB Approved Research *(attach IRB Approval and Protocol)* | X |
| Preparatory Research |  |
| Professional Billing |  |
| Other (Describe): |  |

**Research Program -** Is the PI performing this study for a thesis for a mentored degree program, eg the MPH, MSCE, MSHP, MSME, or PhD? **YES or NO**

**Expected Report Delivery Date: in 3 days**

**Report Format** *(e.g. Excel, flat file, PDF, etc)***:**

**Report Frequency** - *Ambulatory Clinical Reports Only*

*( X ) One-Time Ad-Hoc ( ) Scheduled*

*­­­­­­­­­­­­­­­­­­­­­­­­* *For schedule reports how often:*

*Who will the report get distributed to (email address):*

**Define Parameters Required\***

*Note: The more specific you can be the better our team will be able to meet your needs in an expedited manner. If you are not specific in your criteria(s), the request may be denied and delay the process.*

|  |  |  |
| --- | --- | --- |
| ***Criteria*** | ***Display?*** | ***Description / Exclusions / Limitations / Filters*** |
| **MRN** | X |  |
| **Visit ID** | X |  |
| **Patient Class(es)**  *Please select only which class(es) you will need.* | X | ⃝ Inpatient  ⃝ Outpatient  ⃝ Emergency |
| **Age** *or DOB ranges* | X |  |
| **Gender** | X |  |
| **Race** | X |  |
| **Department(s)** *Provide department numbers not just names.* | X |  |
| **Provider(s)** *Provide ID’s not just names.* | X |  |
| **Date(s)**  *Include in the specific range and date types (eg, admit, order, result)* | X |  |
| **Procedure** *Please include the specific procedure codes. (ICD9 is preferred for inpatient)* | X | All Heart, Lung, and Vascular Procedures |
| **Diagnosis** *Please include the specific ICD-9 codes including all decimal points. Do not simply include ranges or wildcards.* | X | HTN |
| **Orders** | X |  |
| **Medication**  *Please list as it is ordered within the UPHS EMR’s – medication id’s preferred* | X |  |
| **Lab Result**  *Please list the lab as it is ordered within the UPHS EMR’s.* | X |  |
| **Other** | X | VITALS |
| **Other** | X | PATHOLOGY |
| **Other** |  |  |
| **Other** |  |  |
| **Other** |  |  |

**Fields to display on report**

|  |  |  |
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**Data calculations needed** *(e.g. average, sum, etc)*

**Data Grouping** *(e.g. by patient, by day, by procedure, by Department, etc)*

**Report Layout** *(draw out/describe as expected)***:**