

*** Required Field**

*Date:		*Requestor:
*Phone #:	*Dept. Name:	Date Needed By:
*Type of Report:	New	Modification
*Report Frequency:	One Time Only	Annually
	Quarterly	Monthly
		Semi Annually

Frequency Comments:

*Purpose of report (Clinical Care, Research and Administration)

Clinical Care – (e.g. Performance Improvement)

Research:

Requests Preparatory to Research (Release of personal identifiers will not include telephone numbers. Does not require IRB approval.)

Please check the box next to each statement to confirm you agree to the following:

The PHI will not be removed from RBHS property.

The PHI for which use or access is requested is necessary for the research.

Research - A report providing a list of patient identifiers requires IRB approval which must be Attached to the request. IRB Study Title:

IRB protocol number

Practice Operations

Source of Data:	GE Centricity EMR	IDX
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Reports should be requested from IDX only if financial information is required (e.g. CPT codes, charges or insurance data). Reports requesting diagnoses should be requested from the EMR.

*****All report requests for research studies must be submitted to Donna Hoagland hoagladj@ca.rutgers.edu. The IRB will forward the report request back to the EMR team once the request has been checked for consistency with the IRB protocol. *****

What goals are to be achieved? E.g. looking for a list of patients for a trial of a new drug for asthma.

Layout of Report (*Please attach a sketch of exactly how you would like your report to look.*) See attached example.

Signed Off by Requestor:

Date:

(Note: typed names or initials cannot be accepted. The form must be signed by the requestor and the form must be either scanned and emailed or submitted via fax or interoffice mail).

Ex... Patient name Age DOB LOC Patient ID etc.....

Below, outline how you want the column headers to appear. Include any groupings (i.e., by date, by department).

PAT.NAME	SEX	AGE	APPTDATE	I10 CODE	DX DESCRIPTION	LOCATION	PMR_MEDS.MEDICATE GENERICNAME
YXXXXXX	F	76	3/22/2011	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
XXXXXXX	M	66	1/10/2014	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
XXXXXXX	M	82	1/28/2010	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
YXXXXXX	F	78	7/12/2013	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
XXXXXXX	M	82	8/11/2015	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
YXXXXXX	F	71	10/13/2011	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
XXXXXXX	M	73	12/17/2015	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE
YXXXXXX	F	72	7/14/2011	M35.3	Polymyalgia rheumatica	RHEU	HYDROXYCHLOROQUINE SULFATE

For QA or Clinical Care reports email the report request to acheamre@rwjms.rutgers.edu

Also email the report request for research to Donna Hoagland at hoagladj@ca.rutgers.edu. The IRB will forward the report request back to EMR team once the request is approved.

Report Request Form may be retrieved from http://umg.umdj.edu/faculty/directory/documents/Report_Request_Form.pdf

Date Received:

Assigned to:

Estimated Date of Completion:

Actual Date of Completion:

Date Returned to Requestor: