## Data Request Form

Please complete this form in its entirety. The more information you provide, the better we may assist you. Upon completion of this request, please email to **help@syncronys.org.**

|  |
| --- |
| Contact Information |
| **Requester Name:** |  | **Date:** | Click here to enter a date. |
| **Primary Contact:** |  | **Title:** |  |
| **Organization/Division:** |  | **Department:** |  |
| **Client ID:** |  | **Phone:** |  |
| **Address 1:** |  | **Email:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| Please provide a detailed summary of your needs and/or goal of your project. Why do you need this data? What are the objectives or outcomes of interest? (A successful data inquiry should answer these objectives) |
| Click here to enter text. |
| How will you be using this data? |
| Click here to enter text. Is this a quality assurance/quality improvement project? [ ]  Yes *(please explain above)* [ ] No  |
|  Will this request require the involvement of third parties receiving data produced by Syncronys?? |
| [ ]  Yes *(please describe the third parties and explain their need to access the data.)* [ ] No  Click here to enter text. |
| Does your request require Institutional Review Board approval? |
| [ ]  Yes *(please specify the name of your IRB and the related approval and termination dates)* [ ] NoClick here to enter text. |

|  |
| --- |
| Will the data be used to report on specific quality measures? |
| [ ]  Yes *(please describe what specific quality measures you are using; HEDIS, PQRS, etc.)*[ ]  NoClick here to enter text. |
| How often is this data required? |
| [ ]  One Time Request (No further information will be required)[ ]  Recurring:[ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Annually [ ]  Other, please specify: Click here to enter text.**Note:** An annual review for this data request will be conducted to determine continuation or closure with the primary contact person of this data request. |
| What are the requirements to deliver data?  |
| **Select the preferred file format for your data:**Choose an item.**Select the preferred delivery method:**[ ]  sFTP (Secure File Transfer Protocol) hosted by Syncronys[ ]  sFTP hosted elsewhere (client or third-party site)[ ]  A secure file sharing site (e.g., Box, which is Syncronys’ preferred site)[ ]  Secure email (please list deliverable email addresses below): Click here to enter text.[ ]  Direct Secure Messaging (please list DSM messages): Click here to enter text. |
| Provide a detailed summary of all data fields you require |
| **Do you require identified or de-identified data? If identified data is required, can you attest to having acquired all necessary patient consents?**[ ]  Identified Data containing protect health info (PHI/PII). Please select specific patient identifiers needed:[ ]  Patient first and last name [ ]  Date of birth[ ]  Age [ ]  Sex [ ]  MRN# [ ]  Zip code[ ]  Other: Click here to enter text. Format of consent documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] De-Identified Data (contains no PHI/PII) |
| Filtering Criteria (e.g., ICD10, CPT procedure codes, lab test names,etc): | Click here to enter text. |
| Clinical Activity Date Range (Start and End Dates) | **Start Date:** Click here to enter a date.**End Date:** Click here to enter a date. |
| If lab results requested, what type? (positive / negative / all) | Choose an item.**Other:** Click here to enter text. |
| Facilities (health systems from which data will be pulled) | Click here to enter text. |
| All other Data fields required (e.g., turn-around-time, ordering provider, ref range, result, result comments) | Click here to enter text. |
| Please specify any additional information below: |
| Click here to enter text. |
| Note: Data requests must receive compliance approval and may have costs associated with their generation that will be billed to the requestor. Is there funding to support this request? |
| [ ]  Yes [ ]  No   |

**se specify any additional information below:**

**IMPORTANT**: Please attach an example of how you would like the column parameters in your report displayed (e.g., name of column headings). (See example below).

**If there is no example, it will cause delay of the development of the report. Please include all the data items you requested above**.