## 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.**

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| --- | --- | --- | --- | --- | --- |
| 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)* No  Click here to enter text. | | | | | | |

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| Will the data be used to report on specific quality measures? | |
| Yes *(please describe what specific quality measures you are using; HEDIS, PQRS, etc.)*  No  Click 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**.