UCONN HEALTH

ADS Patient Data Request Form

Clear Form

Requester: **Date Needed:**

Requester Phone:

Request Type: Clinical/Rev Cycle Operations **IRB Number:**

Description and Purpose for the Request:

Filter Criteria: (Specifics regarding which patients, appointments, etc. to include in the data set. Provide date ranges, Code values, exclusions such as Psych, DOC, <18, etc. Lists of depts., locations, providers (NPI), ICD-10, CPT, etc. can be send as a separate attachment in MS-Excel format.)

Data Items: (Provide a list of all the specific data items you want returned for each of the patients, appointment, etc.)

For all projects where patient identifiers are requested, I have determined that patient authorization is not needed and the requested data is the minimum necessary to accomplish the purpose of this request. As the recipient of this data, I understand that I am responsible to ensure the privacy and security of this data

Requester Signature:

Having Trouble signing?
Get Help **here**

As Principal Investigator, I confirm this request to obtain data for research purposes is consistent with the IRB approved protocol for this study. I will ensure the data are used only for the approved purpose.

PI Signature:

Submit Request

Rev: 1.1