|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requested By**: | | | | | |
| **Title of Research Project**: | | | | | |
| *Below is a list of specific demographic data elements to assist with your data request. “X” the appropriate box for the data element(s) that you are requesting and that are relevant to your proposed research project.* | | | | | |
|  | Date Range: | to |  | Gender: | Female  Male |
|  | Age | |  | Height | |
|  | Birthdate | |  | Weight | |
|  | Race/Ethnicity | |  | BMI | |
|  | Blood Pressure | |  | Insurance | |
| *Below is a list of specific patient encounter elements to assist you with your data request. “X” the appropriate box for the data element(s) that you are requesting and that are relevant to your proposed research project.* | | | | | |
|  | By Any Registered Patient of WHC | | | | |
|  | By Primary Care Provider (PCP) | |  | By Specific PCP: | |
|  | By ICD-9 Diagnosis | |  | By Specific ICD-9 Diagnosis: | |
|  | By Enabling Code | |  | By Specific Enabling Code: | |
|  | By Procedure or CPT Code | |  | By Specific Procedure or CPT Code: | |
|  | By Encounter *(see list below)* | | | | |
| Any Encounter  Primary Care Encounters Only  Encounter Date Range       to | | | | | |
|  | By Specific Lab Value: | | | | |
| Other: | | | | | |

Waimanalo Health Center Use Only:

Request reviewed in QI committee: \_\_\_/\_\_\_\_/\_\_\_\_

WHC Staff to Contact Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Pull Available By: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_