HARRISHEALTH SYSTEM

INFORMATION TECHNOLOGY RESEARCH REPORT REQUEST

Instructions: This form is to be completed by research personnel and emailed to sara.ruppelt@harrishealth.org or included in the eProtocol application for administrative approval.

GENERAL INFORMATION		
Date Requested:	IRB Protocol Number:	
Requestor Name:	Phone:	Email:
Frequency of Report: ☐ One-time ☐ Monthly ☐ Annually ☐ Other: _____		
Date Range of Report: to *(Only data from the previous 5 years can be provided)*		

PATIENT DEMOGRAPHICS		
☐ Medical Record Number	Sex: ☐ Male ☐ Female ☐ Both	Age Range:
Race: ☐ All ☐ Asian ☐ Black ☐ Hispanic ☐ Indian-American ☐ White ☐ Other:		
Language: ☐ All ☐ English ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Other:		
Locations: ☐ All ☐ Ben Taub (BCM) ☐ LBJ (UT) ☐ Quentin Mease (BCM/UT) ☐ Acres (UT) ☐ Aldine (UT) ☐ Baytown (UT) ☐ Casa De Amigos (BCM) ☐ Gulfgate (BCM) ☐ MLK (BCM) ☐ Northwest (BCM) ☐ El Franco Lee (UT) ☐ Vallbona (BCM) ☐ Settegast (UT) ☐ Strawberry (BCM) ☐ Squatty (UT) ☐ Thomas Street (BCM/UT) ☐ Smith Clinic (BCM) ☐ Other:		
Other Demographic Criteria:		

PATIENT FINANCIAL STATUS	
Insurance Group: ☐ All ☐ Self-pay ☐ Commercial Insurance ☐ Medicare ☐ Medicaid	
☐ Pay Class	☐ Employment Status

PATIENT VISIT INFORMATION	
☐ Admit Date ☐ Discharge Date ☐ Resource Type	
Patient Type: ☐ All ☐ Inpatient ☐ Outpatient ☐ Emergency ☐ Observation ☐ Day Surgery	
Appointment Type: ☐ All ☐ New Patient ☐ Returning Patient	
Diagnosis Codes: ☐ Primary ☐ Any Existing	List **ICD-9 codes** for data through 9/30/15: List **ICD-10 codes** for data after 10/1/15:
Procedure Codes: ☐ Primary ☐ Any Existing	List **ICD-9 codes** for data through 9/30/15: List **ICD-10 codes** for data after 10/1/15:
CPT Codes: ☐ Primary ☐ Any Existing	List all codes:
Other Report Specifications:	

RESEARCH & SPONSORED PROGRAMS USE ONLY	
Approved By:	**Date Approved:**