



Report/Data Request Form

Pending:	Approved:	Date released:	Distribution method:
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/>

Instructions: Please provide the information in the shaded box as completely as possible. Within one week of your request, a member of the CHAN reporting team will contact you for additional information and will give you an estimated completion date.

REPORT MODIFICATION

Name of report to be changed:	<input style="width: 95%;" type="text"/>
How is Report currently accessed:	<input type="checkbox"/> EMR <input type="checkbox"/> PM <input type="checkbox"/> Practice Insight <input type="checkbox"/> Crystal Enterprise
Purpose of the modification:	<input style="width: 95%;" type="text"/>
Issue:	<input type="checkbox"/> Problem <input type="checkbox"/> Enhancement <input type="checkbox"/> Customization
Describe the desired function:	<input style="width: 95%;" type="text"/>
Date needed by:	<input style="width: 95%;" type="text"/>

NEW REPORT REQUEST

Date of Request: <input style="width: 95%;" type="text"/>	Requester: <input style="width: 95%;" type="text"/>
Site: <input style="width: 95%;" type="text"/>	Requester contact info: <input style="width: 95%;" type="text"/>
What do you want to know from the data? <input style="width: 95%;" type="text"/>	
What is the time frame?	
<input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year Other: <input style="width: 80%;" type="text"/>	
When do you need this information <input style="width: 95%;" type="text"/>	
Frequency of Report: <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Other <input style="width: 80%;" type="text"/>	
Who will be responsible for running this report at your site? <input style="width: 95%;" type="text"/>	
Anticipated data source(s): <input type="checkbox"/> EMR <input type="checkbox"/> PM <input type="checkbox"/> Combined	
Grouping (by provider; by diagnosis; by date, alpha, etc)	Definitions:
Data format (percentages; numeric totals; etc.)	<input style="width: 95%;" type="text"/>
Denominator	<input style="width: 95%;" type="text"/>
Numerator	<input style="width: 95%;" type="text"/>

Report/Data Request Form

For Staff Use

Date reviewed: _____

Responsible Staff: _____

List data Elements / source:

Selection Criteria:

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Display: (numeric / percentage, etc)

Formula(s) used:

Resource: EMR Crystal MQIC PM Practice Insight

Format - Export to: Access Excel Other

File Name & Location of Master:

Notes: