Report/Data Request Form

Please email completed form to Rebecca Roosevelt at rroosevelt@chan-nh.org

Pending:	Approved:	Date released:	Distribution method:
☐	☐		

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:				
How is Report currently accessed:	☐ EMR	☐ PM	☐ Practice Insight	☐ Crystal Enterprise
Purpose of the modification:				
Issue:	☐ Problem	☐ Enhancement	☐ Customization	
Describe the desired function:				
Date needed by:				

NEW REPORT REQUEST

Date of Request: **Requester:**

Site: **Requester contact info:**

What do you want to know from the data?

What is the time frame? **Calendar Year** ☐ **Fiscal Year** ☐ **Other:**

When do you need this information

Frequency of Report: ☐ One Time ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Ad Hoc ☐ Other

Who will be responsible for running this report at your site?

Anticipated data source(s): ☐ EMR ☐ PM ☐ Combined

Definitions:

Grouping (by provider; by diagnosis; by date, alpha, etc)

Data format (percentages; numeric totals; etc.)

Denominator

Numerator

Report/Data Request Form

For Staff Use

Date reviewed: _____ **Responsible Staff:** _____

List data Elements / source:	**Selection Criteria:**
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
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: