

Altru Health System Data Request Form

If you are requesting a data build from Information Service (IS) **allow 4-6 weeks** (may be longer due to workload in IS)
 Complete this form and send it with Altru Organizational Application to: Marie-Laure Reese, IRB Office Altru Hospital,
 1200 S. Columbia Road, Grand Forks, ND 58201. Email: mreese@altru.org

Contact Name: (although some studies are completed with more than one individual we ask that you provide one person as the general contact)	Student(s) or Principal Investigator: Name: E-mail: Phone:	Today's Date: Desired Data Completion Date: (2 weeks min. for patient specific data)	
Faculty/Altru Mentor: (Required for all medical student requests)	Advisor: Department:		
Advisor Contact Info: Email:		Telephone:	
Date Range of Data: <ul style="list-style-type: none"> • Clinic billing data is available beginning July 04 • Hospital billing available for the current fiscal year (beginning in July) + 3 yrs. • EMR data elements will vary depending on the time that the data element was built or interfaced into the EMR. 	What Date should we use to pull the data range: Start Date: Stop Date:	(please check one) <input type="checkbox"/> Discharge Date <input type="checkbox"/> Admit Date <input type="checkbox"/> Procedure Date <input type="checkbox"/> Lab date <input type="checkbox"/> Appt. Date <input type="checkbox"/> Other Date (please specify)	
Please provide brief narrative description of data request and the question you are trying to answer (attach research protocol if applicable):			
DRG, CPT, ICD10 Diagnosis codes and procedure codes for data:	(Codes must be obtained from Altru coding department before sending the data request) Please call: 701-780-6563		
Location of requested data:	<input type="checkbox"/> Altru Hospital-Grand Forks <input type="checkbox"/> All Altru Hospitals <input type="checkbox"/> Grand Forks Clinics only <input type="checkbox"/> All Altru Clinics <input type="checkbox"/> Other: _____ List specific clinics if applicable: List specific specialties if applicable:		
Medical Record (Epic) Access:	Do you currently have access to the Electronic Medical Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Patient Specific: (Pt Specific Data can only be used for internal quality projects or as approved by the IRB) Variables requested (Check all that apply):

- | | | |
|--------------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Admit Date/Appt. Date | <input type="checkbox"/> Discharge Date | <input type="checkbox"/> Age |
| <input type="checkbox"/> Procedure Code | <input type="checkbox"/> DRG | <input type="checkbox"/> Length of Stay |
| <input type="checkbox"/> MR # | <input type="checkbox"/> Weight | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Lab Results: Type: | <input type="checkbox"/> Other Data Fields | <input type="checkbox"/> Diagnosis Code |
| <input type="checkbox"/> Physician: Attending, Surgeon | | |

How will the requested data be used?

- Research Quality Improvement

IRB approval is required if data requested includes any combination of data elements which may be used to identify patients unless it is being used for internal quality improvement.