***Thank you for your report request.  Our goal is to provide you with complete and accurate data. To help us make that happen, please reply-all to this e-mail after responding to each item below. Enter “not applicable” when appropriate. We will get back with you with any additional questions.***

***Please note: When IRB approval is required, we need copies of the following documents: IRB xForm New Protocol Submission document and the IRB determination/approval letter. This also applies to IRB modifications. If Form129 is submitted to ETSU IRB, please include the determination letter as well.***

|  |  |
| --- | --- |
| Report Criteria | Response |
| Requestor Name, Department, Job Title, and Contact Information |  |
|  |  |
| Who will have access to this information? Please include Name, Department, Title, and Contact Information. |  |
|  |  |
| Report reason/motivation—specific project goal(s): | e.g., *“Quality Improvement study to determine the impact of telehealth visits on diabetic A1c control”* |
|  |  |
| Please state a category for this data request * Quality improvement
* Provider tracking
* Grant, publication or research (requiring IRB approval)

Other (please specify) |  |
|  |  |
| What is the deadline for this project? | *Please provide a specific date (do not use “ASAP”)* |
|  |  |
| Clinics/Departments Involved: |  |
|  |  |
| If patient-related, active patients only? How recently seen? | e.g., *“Arrived patients within past two years”* |
|  |  |
| Include deceased patients? |  |
|  |  |
| Include specialist patients? |  |
|  |  |
| Do you need patient identifiers? If so, what patient demographics are needed? | e.g., *“Patient name, date-of-birth, current age”* |
|  |  |
| If diagnosis related, please provide ICD-10 codes and descriptions. |  |
|  |  |
| Reporting period (date range): | e.g., *“January through December 2020”* |
|  |  |
| If possible, please provide an example of the output expected. | e.g., an excel spreadsheet template may be helpful |
|  |  |
| Other considerations: |  |