*Please complete the following information and send to* *helpdesk@improvecarenow.org* *to request data from ImproveCareNow.*

(If possible, please submit this form as a word document)

|  |  |
| --- | --- |
| **Name** |  |
| **ICN Center** |  |
| **Date of Request** |  |
| **Description of Request** |  |
| **Type of Data** | **Summary Data**[ ]  Quality improvement measures* Patients are included regardless of consent status

[ ]  Aggregate data counts* Data Sharing Agreement (DSA) is required

 *Please choose one:* [ ]  Use only ICN patients consented for research [ ]  Use all ICN patients[ ]  To inform research planning (Prep-to-Research) *Please choose one:* [ ]  Use only ICN patients consented for research [ ]  Use all ICN patients**Patient-level Data**[ ]  Limited to center requesting data* *The physician lead at the center must complete this request.*

[ ]  Complete patient-level data set (all centers)* *Will include only ICN patients consented for research.*
* *STOP:**please contact research@improvecarenow.org to submit a research data request through ICN’s Research Committee*

**Other, specify:**  |
| **Should this request be restricted based on any of the following?**  |
| **Center**  | [ ]  No [ ]  Yes, specify:  |
| **Diagnosis** | [ ]  No [ ]  Yes, specify: |
| *Note: Please specify which time point should be used to restrict diagnosis (registration, last visit, etc.).* |
|  **Patient Age** | [ ]  No [ ]  Yes, specify: |
| *Note: Please specify which time point should be used to restrict age (diagnosis, registration, etc.).* |
| **Registration Date** | [ ]  No [ ]  Yes, specify: |
| **Diagnosis Date** | [ ]  No [ ]  Yes, specify: |
| **Visit Date**  | [ ]  No [ ]  Yes, specify: |
| **Other (specify)** |  |
|  |
|  |

*Completed by the ImproveCareNow Data Team:*

|  |  |
| --- | --- |
| **Programmer** |  |
| **Report Date** |  |
| **SAS Program Name** |  |
| **Output File Name** |  |
| **Additional Details/Assumptions** |  |
| **Results** | Number of Centers:Number of Patients:Number of Visits:Date Range: |