*Please complete the following information and send to* [*helpdesk@improvecarenow.org*](mailto: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:*

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