



**WAIANAE COAST COMPREHENSIVE HEALTH CENTER  
RESEARCH DATA REQUEST FORM**

Data requests will be processed upon approval of the research proposal by the WCCHC Research Committee (RES-9)

Date:	Requestor/Title:	Organization:	Phone: _____ Email: _____
Date Needed By:		Date Range Requesting:	
Nature of Request:			

**Information Fields Required** (Limit request to the minimum necessary to fulfill the requirements of the purpose of the request):

<input type="checkbox"/> Last Name	<input type="checkbox"/> First Name	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> PCP	<input type="checkbox"/> Location ID	<input type="checkbox"/> Patient Phone
<input type="checkbox"/> Patient Number	<input type="checkbox"/> Gender	<input type="checkbox"/> Date of Service	<input type="checkbox"/> Insurance	<input type="checkbox"/> Patient Age	<input type="checkbox"/> Patient Address
<input type="checkbox"/> Guarantor Number	<input type="checkbox"/> ICD-9 Code	<input type="checkbox"/> Procedure Code	<input type="checkbox"/> # of Encounters	<input type="checkbox"/> Patient Birthdate	
<input type="checkbox"/> Other: (Specify)	_____				
<input type="checkbox"/> Other: (Specify)	_____				

**Identify User and Encounter or Visit:**

User	Encounter or Visit
<input type="checkbox"/> All WCCHC users	<input type="checkbox"/> All encounters (including enabling)
<input type="checkbox"/> Capitated users	<input type="checkbox"/> Any chargeable encounter
<input type="checkbox"/> 3+ primary care + OB and assigned to WCCHC	<input type="checkbox"/> Enabling service encounters
<input type="checkbox"/> 3+ visits (excluding enabling)	<input type="checkbox"/> Capitated
<input type="checkbox"/> 3+ visits (including enabling)	<input type="checkbox"/> Exclude ER encounters
<input type="checkbox"/> 1+ visit (excluding enabling)	<input type="checkbox"/> Exclude Lab encounters
<input type="checkbox"/> PCP assigned	<input type="checkbox"/> Exclude Xray encounters
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**Requested Distribution Format:**

<input type="checkbox"/> Data file using: Excel, ACCESS, Summary Data (via e-mail) or Other Application:	<input type="checkbox"/> Summary Data Only:
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**Comments:** (If you have a sample layout, attach to request).