

LSUHSC INVISON/EPIC DATA REQUEST FORM

**Available Data: INVISON: January 1, 2005 - November 5, 2011
Epic: November 6, 2011 - Present**

Directions: Please complete form and send to Computer Services by faxing to 675-8268 or emailing to shvinsup@lsuhsc.edu. If you have any questions, please call the Help Desk, x55470, option 2.

Data generated on any adhoc report is provided 'as is' without guarantee of any kind, either expressed or implied. Data provided is based on details supplied on the Adhoc Request form. Computer Services will take reasonable measures to ensure that the data contained in any report is correct at the time the report is created and last modified. However, we accept no responsibility for the accuracy or the completeness of the data.

Requestor:	Department / Title:	Phone Number:
RAS folder/RAS User ID Box # or Slot # (in Data Control):	IT Contact (If you have been working with anyone in the IT department concerning this request, please indicate their name.)	Report Deadline:

Note: If no requested deadline is provided, request will be prioritized by current workload.

Write in your own words the details and purpose of the report you want created (attach additional sheets if necessary): (i.e. a detailed list of all inpatients admitted from mm/dd/yyyy through mm/dd/yyyy with a diagnosis of stroke and attending physician #004473. This report will be a list of all patients I treated in the last quarter of year yyyy.)

If there is an existing report with similar information to what you are requesting please include a page or two or indicate where it may be located: _____

Report Contents:

What date range do you want to search? (i.e., mm/dd/yyyy – mm/dd/yyyy)	
How often do you want to receive the report?	<input type="checkbox"/> Once <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Is this for Inpatients, Outpatients, both, etc?	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency only <input type="checkbox"/> Other _____
Do you want a count? On which data element?	<input type="checkbox"/> Medical Record Number <input type="checkbox"/> Patient Number <input type="checkbox"/> Other _____
Report should be sorted by what data elements:	
What is the diagnosis, classification, or service code(s) you want to search? Please provide entire range (i.e. DX codes: 430.0 – 437.9).	

This is a list of the most commonly used identifiers. However, there are several identifiers that can be used. Please check off or list the items that you would like to see on the report:

Patient Name	Medical Record Number	Patient Number/HAR	Patient Age
Patient Sex	Patient Birth Date	Admit Date	Discharge Date
Nurse Station	Classification / DX Code	Hospital Service	Financial Class
Room / Bed	Classification / DX Code Description	Attending Dr Number	Guarantor Name
Other:	Other:	Other:	

HIPAA (Health Insurance Portability & Accountability Act) Information:

Will this report will be released outside of LSUHSC? Response is required if this report displays detailed patient information (e.g. Name, Address, MR Number, Account Number, Birth Date, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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For Information Technology Group Use:

Date Received:	Case Number:	
Date Sent to Compliance:	Report Name:	
Compliance Approval Date:	Date Sent to Customer:	