**Date of Request:** Click here to enter text.

1. **Person Requesting Data (Name and Position):** Click here to enter text.
2. **Phone:** Click here to enter text.
3. **Is the Person:  Vidant  Student (list University): Click here to enter text. Non-Vidant (list Affiliation):** Click here to enter text.
4. **As the data requested been approved by the Vidant Department/Unit:  Yes  No**
   1. **If Yes, please provide the Department/Unit contact name and phone number:** Click here to enter text.
5. **Name of Department data will be pulled from:** Click here to enter text.
6. **Purpose of Data Request: Research (complete all items) Feasibility (Complete all items except 8 and if Sponsor Feasibility, please provide Feasibility Questionnaire) QI/QA/PI/EBP (Complete all items except 8; If QI, provide QI Determination)**

**Clinical Use (Complete all items except 8)**

1. **What systems will data need to be pulled from: EPIC Other (list): Click here to enter text.**
2. **If Research, please provide UMCIRB #:** Click here to enter text.
3. **How will the data be utilized:** Click here to enter text.
4. **Where/How will the data be stored:** Click here to enter text.
5. **Where/Who will you share the data:** Click here to enter text.
6. **Are you requesting blinded or unblinded data:  Blinded (per HIPAA guidelines – no patient identifiable data)  Unblinded (patient identifiable information provided)**
7. **Data being requested (list data fields if available or as much detail as possible):** 
   1. **Date Range:** Click here to enter text.
   2. **Age Range:** Click here to enter text.
   3. **Procedures and CPT Codes:**
   4. **Diagnosis and ICD-10: Click here to enter text.**
   5. **Additional Parameters: Click here to enter text.**

Please send all requests to: [CRG.Data@vidanthealth.com](mailto:CRG.Data@vidanthealth.com)