**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