**Cecil G. Sheps Center for Health Services Research**

**DATA REQUEST FORM**

**NC Discharge Databases**

Please complete this data request and send **by email**. Attach additional files as necessary. W*e highly recommend a phone call discussion before you submit this application.*

Erica Richman: elr@email.unc.edu

# USER INFORMATION

**Date of Request:**

**Organization Name:**

**University or Government Affiliation:**

**Address:**

**Address2**

**City:** **State** **Zip:**

**Contact Person / Title:**

**Phone:** **Email:**

# PROJECT INFORMATION

**Project Title or Name**:

**Principal Investigator**:

**Title:**

**Dept. Affiliation, Institution (if different from above):**

**Is Principal Investigator a Student?** **[ ]  Yes** **[ ]  No**

**If PI is a student, name and contact information for supervising Faculty Member:**

**Funder:**

**Funding reference (Grant #):**

**IRB approval documentation** (Name of IRB, contact name, IRB approval reference):

**(IRB must be approved or exempt)**

**Give or attach a brief (one to two page) description of your research study including how the data will be used to complete this research**:

# DATA SOURCE, PRODUCTS, AND ELEMENTS

**Year(s) required**.

* 1. NC **Short Term Acute Care Hospital** (**Inpatient) Discharge** data available for fiscal years October 1 to September 30 *(FY 1995 not available*).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | [ ]  FY 2020 | [ ]  FY 2019 |
| [ ]  FY 2018 | [ ]  FY 2017 | [ ]  FY 2016 | [ ]  FY 2015 | [ ]  FY 2014 |
| [ ]  FY 2013 | [ ]  FY 2012 | [ ]  FY 2011 | [ ]  FY 2010 | [ ]  FY 2009 |
| [ ]  FY 2008 | [ ]  FY 2007 | [ ] FY 2006 | [ ]  FY 2005 | [ ]  FY 2004 |
| [ ]  FY 2003 | [ ]  FY 2002 | [ ]  FY 2001 | [ ]  FY 2000 | [ ]  FY 1999 |
| [ ]  FY 1998 | [ ]  FY 1997 | [ ]  FY 1996 | 1995 not available | [ ]  FY 1994 |
| [ ]  FY 1993 | [ ]  FY 1992 | [ ]  FY 1991 | [ ]  FY 1990 | [ ]  FY 1989 |

* 1. NC **Hospital Outpatient &Ambulatory Surgery Discharge** data available for fiscal years October 1 to September 30 (\*includes expanded outpatient)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  FY 2020 | [ ]  FY 2019 | [ ]  FY 2018 | [ ]  FY 2017 |
| [ ]  FY 2016 | [ ]  FY 2015\* | [ ]  FY 2014\* | [ ]  FY 2013\*  |
| [ ]  FY 2012 \* | [ ]  FY 2011 | [ ]  FY 2010 | [ ]  FY 2009 |
| [ ]  FY 2008 | [ ]  FY 2007 | [ ]  FY 2006 | [ ]  FY 2005 |
| [ ]  FY 2004 | [ ]  FY 2003 | [ ]  FY 2002 | [ ] FY 2001 |
| [ ]  FY 2000 | [ ]  FY 1999 | [ ]  FY 1998 | [ ]  FY 1997 |

* 1. NC **Emergency Room Discharge** data available for fiscal years October 1 to September 30

[ ]  Treat and Release Data Only [ ]  All ED Data including those admitted to hospital

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | [ ]  FY 2020 | [ ]  FY 2019 |
| [ ]  FY 2018 | [ ]  FY 2017 | [ ]  FY 2016 | [ ]  FY 2015 |
| [ ]  FY 2014 | [ ]  FY 2013 | [ ]  FY 2012 | [ ]  FY 2011 |
| [ ]  FY 2010 | [ ]  FY 2009 | [ ]  FY 2008 | [ ]  FY 2007 |

**Products Requested:** *(please limit to data needed to complete the specified study)*

1. [ ]  **STANDARD RESEARCH FILE** (see online data sample data dictionary)

**If requesting Entire File, you must identify 1 of 3 variables to be suppressed:**

[ ]  ZIP Code [ ]  Hospital ID [ ]  Primary Diagnosis (Diag1)

1. [ ]  **SPECIAL REQUEST**: (Limit request to specific ICD9, procedures or other) – describe below

**If making a special request, you must identify 1 of 3 variables to be suppressed:**

[ ]  ZIP Code [ ]  Hospital ID [ ]  Primary Diagnosis (Diag1)

SPECIAL REQUEST DETAILS: List below the general **data elements**, or combination of data elements, requested. Specify sub-codes (ICD-9-CM), if any, for each data element selected. [Please attach sample table, chart, notated data dictionary, etc. that define exactly which variables you need]

# DATA STORAGE AND RELEASE

1. **Security and Disposal**. Please describe plans for **storage**, **access,** **security and disposal** of the data:

2. **Media**: Data will be provided on DVD, or transferred by server when appropriate. Please note any special requests regarding data transfer here:

3. **Format**: Data will typically be provided in the SAS format. Each year of data will be in a separate file. Any special requests in relation to data format should be noted here.

4. **Requested Date:** Date by which your organization needs the data (*Note that estimates of timeframe are given at the point of approval. Timeframes will vary by analyst availability, size and complexity of requests, and other programmatic needs)*:

5. **Other comments/requirements concerning your data request**: