

Date of request: \_\_\_\_\_

Request is for:  Single Site  Regional/multi-site

Requestor information:  Internal (Northern Health (NH) staff and physicians with privileges in NH facilities)

Clinical students and residents

External

**Internal requestor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ NH facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Requested for (committee/team/department/etc.): \_\_\_\_\_

Department manager/head authorization (if applicable): \_\_\_\_\_

*Email submission of this form directly from the manager is considered authorization*

**Clinical student/resident requestor**

Name: \_\_\_\_\_ NH facility: \_\_\_\_\_

Academic program and institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Department manager information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ NH facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Department Manager/Head authorization (if applicable): \_\_\_\_\_

*Email submission of this form directly from the manager is considered authorization*

**External requestor**

Name: \_\_\_\_\_ Title/profession: \_\_\_\_\_

Organization: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Data request**

Project/study title: \_\_\_\_\_

Description (include project aim/research questions, how data will be used, who data will be release/presented to):

**Purpose of data request/study**

Utilization management  Quality improvement/evaluation\*  Planning  Research\*\*  Other

If other, specify: \_\_\_\_\_

\* **Quality improvement:** The [ARECCI Ethics Guidelines Tool and Screening Tool](#) is an optional resource for project ethical considerations. Contact [pqimteam@northernhealth.ca](mailto:pqimteam@northernhealth.ca) for more info or assistance.

\*\* **Research:** An application to the NH Research Review Committee is required.

(<http://www.northernhealth.ca/YourHealth/Research/NHResearchReviewCommittee.aspx>)

Funded research projects will incur processing fees to cover the costs of retrieval, follow-up, and re-filing of records. Additional fees for photocopying and/or line-by-line review may also be incurred.

Priority:  High  Medium  Low If medium/high priority, include justification: \_\_\_\_\_

Date required: \_\_\_\_\_

Frequency of data request:  One time

- Calendar month    Calendar quarter    Calendar annual  
 Fiscal period end    Fiscal quarter    Fiscal year end

Description of data required (inclusions, exclusions and special instructions (e.g. age groups, diagnosis, etc.))

Data time period → Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Care levels:  Acute inpatients    Daycare surgery    Emergency    Outpatient

Data type required:  Aggregate level    Anonymized    Personal (identifiable)

If patient personal information required, justify: \_\_\_\_\_

Data required by:

**NH facility** (select all that apply)

**Patient residence** (select all that apply)

**Northeast**

- Chetwynd Hospital and Health Centre (Chetwynd)
- Dawson Creek and District Hospital (Dawson Creek)
- Fort Nelson General Hospital (Fort Nelson)
- Fort St. John Hospital and Peace Villa Facility (Fort St. John)

**Northern Interior**

- Lakes District Hospital and Health Centre (Burns Lake)
- GR Baker Memorial Hospital (Quesnel)
- Mackenzie and District Hospital and Health Centre (Mackenzie)
- McBride and District Hospital (McBride)
- St John Hospital (Vanderhoof)
- Stuart Lake Hospital (Fort St James)
- University Hospital of Northern British Columbia (Prince George)

**Northwest**

- Bulkley Valley District Hospital (Smithers)
- Kitimat General Hospital and Health Centre (Kitimat)
- Mills Memorial Hospital (Terrace)
- Northern Haida Gwaii Hospital and Health Centre (Masset)
- Prince Rupert Regional Hospital (Prince Rupert)
- Queen Charlotte Islands General Hospital (Queen Charlotte City)
- Wrinch Memorial Hospital (Hazelton)

**Northeast**

- Fort Nelson
- Peace River North
- Peace River South

**Northern Interior**

- Burns Lake
- Nechako
- Prince George
- Quesnel

**Northwest**

- Kitimat
- Nisga'a
- Prince Rupert
- Queen Charlotte
- Smithers
- Snow Country
- Stikine
- Telegraph Creek
- Terrace
- Upper Skeena

Medical charts required:  No    Yes

If yes:  Chart list will be provided by the requestor. (Attach chart list to this form.)

Chart list needs to be generated by Health Information Management Services

Other instructions or comments:

Record processing fees, if appropriate, have been determined.

**I agree to use the information requested for the sole purpose(s) identified in this form.**

Requestor's signature: \_\_\_\_\_

HIMS department signature: \_\_\_\_\_

**Please direct submissions and/or form inquires as follows:**

**Single site:** HIS Inbox  
250-565-2248  
Health-Information-Services@northernhealth.ca

**Regional/multi-site:** Dee-Ann Stickel  
250-261-7525  
dee-ann.stickel@northernhealth.ca

**Submit completed form to Health-Information-Services@northernhealth.ca**

**HIMS use only**

Analyst assigned: \_\_\_\_\_ Priority assigned/deadline: \_\_\_\_\_

Date assigned: \_\_\_\_\_ Date completed: \_\_\_\_\_

Data sources: \_\_\_\_\_

Time for completion:  Less than 1 hour  1 to 3 hours  4 to 8 hours  2 days  3 days  Greater than 3 days