

# DIMR Reporting/Data Analysis Request Form

*All fields marked with an \* must be completed*

## Section A

### Who is this request for?

\* Requested by:

\* Position:

\* Department:

\* Organization:

\* Phone:

\* Email:

### Who May Approve This Request For You?

\* Supervisor/Sponsor:

\* Position:

\* Department:

\* Organization:

\* Phone:

\* Email:

## Section B

\* **Request Title:**

\* **Preferred Completion Date**   
*Allow a minimum of 7-10 business days*

\* **Description of request-** Report requirements with relevant background, scope, purpose etc...(4000 Character Maximum)

### \* Intended Use of Information:

- Research-** Include a copy of the Research Proposal, Ethics Application and Ethics Approval Letter (and renewal if applicable). Per the Health Information Act, research-related requests cannot be processed until this documentation is received.

**Ethics Approval #:**  **Ethics Expiry Date:**  *To toggle between year/month click the displayed year/month in the drop down menu*

- NOT Research-** Requires patient and/or provider identifiable information (ie: certain quality improvement projects) Include a copy of the approval letter/email from the approving authority (ie: supervisor, medical department head etc..) indicating this information can be released to you.

- NOT Research-** Does NOT require patient and/or provider identifiable information (ie: aggregates or summary reports, performance indicators etc...)

**Section C**

**\* Scope:**

This request is sponsored by an SCN/OCN (please select applicable OCN/SCN from drop down box)

This request is sponsored by Zone Leadership (ie: SVP Office, Zone Planning etc..please select zone)

Acute Care                       Emergency/Urgent Care                       Ambulatory/ Clinics                       Continuing Care

**Specific Clinical Program**

**Specific Age Group :**     Pediatrics     Seniors

**\* Geographic Area :**

Across AHS (1+ sites that are covered)                       Central Zone     North Zone  
 Calgary Zone     Edmonton Zone     Central Zone

**Specific Facility/Site and/or Unit:**

**Section D**

**\* Report Collection Time Period:**

**From:**                       **To:**  *To toggle between year/month click the displayed year/month in the drop down menu*

**\* Reporting Frequency:**   
*(How often would you like report updated?)*

**\* Reporting Presentation:**     **Other:**   
*(Preferred Format?)*

**Sub-Grouping:**   
*(per site, per month etc...)*

**Has DIMR completed a similar request for you in the past? If so, please complete this portion of the form to the best of you ability  
If this request is similar to previous requests, please attach a copy of the report as this will assist us in serving you better.**

**Date the information was received:**  *To toggle between year/month click the displayed year/month in the drop down menu*

**Report, project or file name:**

**Contact name in DIMR:**

*To forward a copy of this request to the DIMR Intake Coordinator, copy -> [dimr.intake@albertahealthservices.ca](mailto:dimr.intake@albertahealthservices.ca) (will be applied to the "To:" field) and by select File-> Email a Copy . We suggest you save a copy to your desktop until it is confirmed your request has been submitted. The Intake Coordinator will follow up with a request number for your referencing purposes. We appreciate your business!*