



Non-Standard Reports and Data Sets

Customer Information:

Customer Name: _____
Contact Person: _____
Address: _____

Phone: _____
Email Address: _____

Type of Customer: Check box that appropriately describes type of customer.

- | | | |
|---|--|--|
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> University | <input type="checkbox"/> Consumer Group |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Research Organization |
| <input type="checkbox"/> Advocacy Group | <input type="checkbox"/> Attorney | <input type="checkbox"/> Government |
| <input type="checkbox"/> State Association | <input type="checkbox"/> Media | <input type="checkbox"/> Other _____ |

Use of Data:

Will electronic data be resold to clients or customers of the requesting organization?
 Yes No

Will data be accessed or used by entities affiliated with the requesting organization?
 Yes No

Description of Custom Request:

Data Elements Needed: _____
Covering what time period: _____
Other Details: _____

<u>Format:</u>	ASCII text file <input type="checkbox"/>	<u>Medium:</u>	CD-ROM <input type="checkbox"/>
	Access Database <input type="checkbox"/>		Printed Report (FAX/mail) <input type="checkbox"/>
	Excel Spreadsheet <input type="checkbox"/>		E-mail <input type="checkbox"/>

Please sign and return form.

Signature _____ Date _____

Requests for non-standard reports and data sets will be reviewed by WHA Information Center. Following review, WHA Information Center will provide a written summary of the request to the customer, requesting confirmation of any expected deliverable(s). Requests for non-standard reports and data sets cannot be processed until confirmation of expected deliverables is received by WHA Information Center. Data use agreement may also be required.

Internal office use only

Amount _____	Code _____	Hours _____
	Tier _____	Quarters _____
		Records _____
		Physicians _____
		Processing Fee _____
		Total _____