

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: (Sales may be subject to tax)

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.

IMPORTANT NOTICE

Data requesters will be required prior to the receipt of any data set to sign a data use agreement that will govern all use, including receipt, of data. Nothing in this Non-Standard Report and Data Sets requires the WHA Information Center, LLC to provide any data to the data requester.

The request can be cancelled with a written notice to the WHA Information Center prior to the receipt of data.

Internal office use only

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