

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                       |                                            |                       |                                                    |
|-----------------------|--------------------------------------------|-----------------------|----------------------------------------------------|
| <b><u>Format:</u></b> | ASCII text file <input type="checkbox"/>   | <b><u>Medium:</u></b> | 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 _____          |