**Illinois Department of Public Health (IDPH)**
**Division of Patient Safety and Quality (DPSQ)**
**122 S. Michigan Avenue, 7ᵗʰ Floor**
**Chicago, IL 60603**

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**Office of IDPH Patient Safety and Quality Discharge Data Request Form**

Please email the completed form to the following IDPH contact(s):

➡ Dejan Jovanov, Dejan.Jovanov@illinois.gov, 312.814.1627 (office)

**Date of Request:**

**Requestor information**

1. **Name, Title, and Address:**

   **Student attending Illinois academic institution?**

2. **Organization / Institution Name:**

   **Category (from Fee Schedule):  I _____        II _____     III _____     IV _____**

3. **Phone number:**

4. **E-mail address:**

5. **Request type:        Research: _____        Non-research: _____**

**Purpose and Data Elements**

1. **Provide a brief summary of data request, including why the information is needed and how it will be used. Will output of the project be disseminated externally or limited to internal use only?**

2. **Complete a Data Element Request List that identifies each data element requested. The elements must align with the purpose of the request and how the data will be used.** The non-research oriented list "Universal Dataset Element List (2009 Data Year and Beyond)" is included as a separate attachment. Please email an IDPH contact for Research-Oriented data Element List or data elements for year earlier than 2009.  In addition to the data elements request list, please specify the following parameters (where applicable):

   Helpful link to ICD 9 Codes website: http://icd9cm.chrisendres.com/index.php?action=contents
   Helpful link to ICD 10 Codes website: http://www.icd10data.com/ICD10CM/Codes

   ☐ ICD 9/ ICD 10 Codes:

   ☐ ECodes:

   ☐ DRG/MDC Codes (Inpatient only):

   ☐ Specify the diagnosis spots to include. (ex. all 25 diagnosis spots, only primary diagnosis, other (top 10 diagnosis spots, etc):

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3. **Indicate whether aggregated data will meet the needs of the project or case-level data is necessary.** Simple aggregated data with low probability of breaching patient confidentiality can generally be released without charge, while case-level data is subject to defined fees, the signing of a data use agreement, and IRB approval for researchers.

4. **Case-level data is available by calendar quarter or any four consecutive calendar quarters making up a calendar or fiscal year of choice.** A minimum necessary data set as required for the project will be released upon Departmental approval of the application, completion of a data use agreement and payment of the necessary fee. Research requests require the added steps of requester and Department IRB approval.

5. **For aggregated data, specify how the data should be filtered** (provide the *grouping of data* needed for each data element listed, such as date, age, payer or geographic grouping. Filtering helps ensure preparation of data needed and prevents creation of unnecessarily large data files).

   a. Indicate **years or date range** requested:

   b. Indicate reporting periods requested (ex: quarterly or yearly)

   c. **Population subsets:**  Are certain population groups needed, or should certain population groups be separated from the general population? (please specify, where applicable)

      i. Age groups:

      ii. Race groups:

      iii. Payer groups:

      iv. Geographic groups:

      v. Other group(s):

   d. **Calculations:**  Do you need the data calculated or analyzed in any specific way? Ex1. Charge data – specify median charges or mean charges, etc.  Ex2. Top 25 diagnosis codes?

   e. **Describe any other requirements** (specify ANYTHING ELSE about the data that you need included, subset, excluded, calculated, etc):

**END OF DOCUMENT**