

Covenant Health Data and Decision Support

Data Request Form

If this is an urgent request please identify the rationale in the body of your email.

** Indicates mandatory field. Requests will not be processed if all mandatory fields are not completed.*

Please email completed form to dataanddecisionsupport@covenanthealth.ca

Requester Name:*		
Position:*		
Site/Service:*		
Email Address:		
Phone Number:		
Date of Request:		Required completion date:*
Which Covenant site(s) do you need the data for?*		
Date Range for Data* (Day/Mon/Year)	For What Program/Service?	Age Range?
From:		
To:		
Request details/specifics: (What do you need the team to do?)		
<div style="border: 1px solid black; height: 100px;"></div>		
What Format Would You Like the Information In?*		
Report Presentation:	Report Format:	
Graphs	Excel	
Tables	Word	
Chart Pull List	PDF	
Patient Listing		
Intended Use of the Information:*		
Quality Improvement	Strategic Plan Key Performance Indicators	
Mandated Reporting	Quality Dashboard	
Evaluation	Other:	
Research		