

A Guide to the Data Broker Services Request Form

VERSION 4.0 – LAST UPDATED: 11/2025

Data Broker

OFFICE OF THE VICE PROVOST FOR RESEARCH + SCHOLARSHIP | UNIVERSITY OF MIAMI

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Data Broker Services Request Form

The Data Broker Services Request form is used by the Data Brokers Services to review and facilitate requests related to Clinical Data. Generally, when a Request form is submitted, a ticket is created and is routed to the Data Broker for review. The exception is requests related to Quality Assurance (QA) and Quality Improvement Initiatives, which Manager approval may be requested.

Once the request has been reviewed and approved by the Data Broker, the ticket will be routed to the appropriate UHealth IT group for fulfillment. There are many different groups within UHealth IT, with varying responsibilities for reporting. Please note the response time for actual extraction of the data from the applicable UHealth IT group rely on a variety of factors, including the complexity of the request, the current volume of tickets already in the queue, availability of resources, and other concurrent projects that UHealth IT/UChart team may have at any given moment.

All tickets are housed within the UHealth IT Service Now platform and serve to document the request, including who made the request, the stated reason/purpose/justification for the request and the criteria for the data extract/report etc. This is important for a variety of reasons including data security, privacy, and compliance.

Accessing the Data Broker Services Request Form

1. Go to UHealth IT UService (ServiceNow) Portal -Employee Service Center (<https://uhealth.servicenow.com/esc>) Catalog filters
2. Under the section 'Data Services' or 'Research Access & Support' , select 'Data Broker Services (Clinical) Request'

Catalog filters

Office and Print

Request Application Infrastructure

Access & Identity Management

Applications

Data Services

Departmental Services

Email & Communications

Get Help

Hardware

HR

IT for IT

IT Services & Work Orders

Data Services

Item

Description

[Archival Data Request Service](#)

Request Archival Data Stored in Legacy Systems

[Data Broker Services \(Clinical\) Request](#)

Data Broker Services Request Form: Health-related data for Research and Healthcare/Operations

[Institutional Research & Strategic Analytics \(IRSA\) Data Request](#)

Request data from the Office of Institutional Research & Strategic Analytics (IRSA)

[Office of Research and Scholarship Data/Report Request \(OVPRS\)](#)

Research and Scholarship Data/Report Request (OVPRS)

3. Once selected, the Data Broker Services (Clinical) Request Form will load (see screenshot below).

Data Broker Services (Clinical) Request

Data Broker Services Request Form

For additional information on Data Broker services, please visit our [website](#). For any questions, please [email](#) the Data Broker.

* Indicates required

Requester's Information

* Requested For/On behalf of

Requester's Contact Phone Number

Ex. 305-555-5555

* Requester's Department

Service Requested

* Select Data Broker Service

- ☐ Clinical Data (Research/Operations)
- ☐ Access
- ☐ Patient Contact List
- ☐ File Transfer from Secure Workbench
- ☐ Other Non-Clinical Data
- ☐ Other Inquiry or Consulting

Additional Details and Documentation

Additional Information

Please provide any additional information pertinent to this request.

If you have relevant documents to include, please ATTACH them to this request. To attach a file,

- Use the paper clip icon in the top-right corner, or
- Drag-and-drop the document on top of this form

Data Broker Services Request Form Request Types

The form currently has six different request types (see below). Click any of the links below to be taken to the instructions for the request types.

- [Clinical Data \(Research/Operations\)](#)
- [Access](#)
- [Patient Contact List](#)
- [File Transfer from Secure Workbench](#)
- [Other Non-Clinical Data](#)
- [Other Inquiry or Consulting](#)

Data Broker Services (Clinical) Request

Data Broker Services Request Form

For additional information on Data Broker services, please visit our [website](#). For any questions, please [email](#) the Data Broker.

* Indicates required

Requester's Information

* Requested For/On behalf of

Requester's Contact Phone Number

Ex. 305-555-5555

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Service Requested

* Select Data Broker Service

- ☐ Clinical Data (Research/Operations)
- ☐ Access
- ☐ Patient Contact List
- ☐ File Transfer from Secure Workbench
- ☐ Other Non-Clinical Data
- ☐ Other Inquiry or Consulting

Additional Details and Documentation

Additional Information

Please provide any additional information pertinent to this request.

If you have relevant documents to include, please ATTACH them to this request. To attach a file,


- Use the paper clip icon in the top-right corner, or
- Drag-and-drop the document on top of this form

Clinical Data (Research/Operations)

- Use this option when Clinical Data is needed for any of the following purposes:
 - Case Logs for credentialing purposes
 - Quality Assurance (QA) and Quality Improvement (QI) Projects
 - IRB-approved Research (both retrospective and prospective)
 - If the request is for utilizing the Consent to Contact Initiative, do not use this request form. Please use the Consent to Contact Request Form which can be found [here](#) on the CTSI website.
 - Reviews Preparatory to Research
 - Other Health Care Operations/Care need
 - “Health care operations” are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

- **Requester's Information**

- **Requested For/On behalf of (Mandatory Field)**
 - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.
 - The individual whose name is in this field will receive email notifications regarding this request from the Data Broker as well as the Service Now platform.
- **Requester's Contact Phone Number**
 - Best contact phone number during standard business hours.
- **Requester's Department (Mandatory Field)**
 - Department/Division/Business Unit of the requester

Requester's Information	
*Requested For/On behalf of 	Requester's Contact Phone Number
<input type="text"/>	<input type="text" value="Ex. 305-555-5555"/>
	*Requester's Department
	<input type="text"/>

- **Service Requested**

- Under Service Selected, select 'Clinical Data (Research/Operations)'

Service Requested
*Select Data Broker Service
<input checked="" type="radio"/> Clinical Data (Research/Operations)
<input type="radio"/> Access
<input type="radio"/> Patient Contact List
<input type="radio"/> File Transfer from Secure Workbench
<input type="radio"/> Other Non-Clinical Data
<input type="radio"/> Other Inquiry or Consulting

- Once selected, two new sections will appear called 'General Information' and 'Clinical Data Details'

Service Requested

*Select Data Broker Service

- ☒ Clinical Data (Research/Operations)
- ☐ Access
- ☐ Patient Contact List
- ☐ File Transfer from Secure Workbench
- ☐ Other Non-Clinical Data
- ☐ Other Inquiry or Consulting

General Information

*Is this a first time/new request?

-- None --

*Data Extract/Transfer Frequency

One Time Only

*Will this data be shared?

-- None --

*What is the purpose for this data request?

-- None --

*Type of Data Being Requested

-- None --

Clinical Data Details

*Inclusion/Exclusion Criteria for Clinical Data

Example: Provider(s), Provider Location, Service Location, CPT Procedure Codes, ICD 10 Diagnosis Codes, Date Range

*List columns/fields that should be included in the data extract

Example: CPT procedure codes, providers, location, sex, age, race, ICD diagnosis codes, dates

- **General Information**

- **Is this a first time/new request? (Mandatory Field)**
 - Select 'Yes' if this is first time or new request.
 - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will only appear when 'No' is selected. Particularly for complex requests, there may be previous tickets that can be helpful in timely fulfillment, rather than re-creating the request from scratch.
- **Data Extract Frequency (Mandatory Field)**
 - Select the frequency which the data extract is needed. Options include: one time, weekly, monthly, quarterly, annually, and other. Most frequent choice is "one time".
- **Will this data be shared? (Mandatory Field)**
 - Select 'No' if Clinical Data requested will be used only within the requester's unit.
 - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list ALL of the recipients (internal business units, departments or external i.e., non-UM entities) in the 'Shared with?' box, which again will only appear once 'Yes' is selected. It should be noted that in most cases, there needs to be some sort of agreement in place, particularly if identifiable or other sensitive data is being shared, especially relevant for external entities

*Will this data be shared?

Yes

*Shared with?

List all, including internal depts/business units or outside (non-UM) entities

- What is the purpose for this data request? (Mandatory Field)
 - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, and Other. Please note that certain options (such as QA/QI, Research, etc.) will require additional information and/approval, see below for these additional items.
 - *Quality Assurance (QA) or Quality Improvement (QI) Initiatives*
 - Please note Manager approval may be requested for all Quality Assurance (QA) and Quality Improvement (QI) requests.
 - *Research*
 - Associated IRB eProst study number (**Mandatory Field**)
 - Please note: if the request is for utilizing the Consent to Contact Initiative, the Consent to Contact Request Form should be used. The form can be found [here](#) on the CTSI website.
 - *Review Preparatory to Research*
 - Attach Completed UM Form E (**Mandatory Field**) - Investigator's Certification for Reviews Preparatory to Research, available on the HSRO web site (hsro.med.miami.edu).
 - *Other*
 - Briefly describe how this data will be used (**Mandatory Field**)
 - This option should only be used if none of the other listed options match.
- Type of Data Being Requested (Mandatory Field)
 - Choose the type of data being requested. For more information on the types of data that can be requested, please refer to the Data Broker [website](#). Additional information can be found on fredhutch.org (<https://extranet.fredhutch.org/en/u/hdc/data.html>).
 - De-Identified Data Set (no direct identifiers, no full dates etc.)
 - Limited Data Set (no direct identifiers (NO names or MRN etc.), dates, zip code allowed)
 - Individually Identifiable Health Data (PHI) (includes names, MRN, dates, etc.).
 - Re-Identification (SlicerDicer, CancerScout)
 - Make sure to include the query results and/or query that is being requested to be re-identified.

General Information	
* Is this a first time/new request?	-- None --
* Data Extract/Transfer Frequency	One Time Only
* Will this data be shared?	Yes
* Shared with?	List all, including internal depts/business units or outside (non-UM) entities
* What is the purpose for this data request? ?	-- None --
* Type of Data Being Requested ?	-- None --

- **Clinical Data Details**

- Inclusion/Exclusion Criteria for Clinical Data (**Mandatory Field**)
 - List the inclusion and/or exclusion criteria that should be used to create the clinical data set
 - Examples of common inclusion/exclusion criteria are Dates (i.e., Encounter Date, Service Date, Procedure Date, Date Prescribed, Result Date, Date Ordered, etc.), Service Provider, Service Location, ICD Diagnosis Codes, CPT Procedure Codes, Patient Age, Medications (generic names, brand names), etc.
- List Columns/Fields that should be included in the data extract (**Mandatory Field**)
 - What columns or fields should be included in data output?
 - Examples of common output fields include patient demographics (i.e., age, race, ethnicity, etc.), ICD Diagnosis Codes, Service Location, Service Provider, etc.
 - Output fields will be dependent on the nature of the request. If the request is for research purposes, the fields must be approved by the IRB to collect for the study.

Clinical Data Details

* Inclusion/Exclusion Criteria for Clinical Data
 Example: Provider(s), Provider Location, Service Location, CPT Procedure Codes, ICD 10 Diagnosis Codes, Date Range

* List columns/fields that should be included in the data extract
 Example: CPT procedure codes, providers, location, sex, age, race, ICD diagnosis codes, dates

- **Additional Details and Documentation**

- Provide any other additional information that may be relevant to the request.


Additional Details and Documentation

Additional Information ⓘ
 Please provide any additional information pertinent to this request.
 If you have relevant documents to include, please ATTACH them to this request. To attach a file,
 - Use the paper clip icon in the top-right corner, or
 - Drag-and-drop the document on top of this form

- If there are any documents to attach to the request, use the paper clip in the bottom left corner of the request form to upload.

Terms and Conditions

☐ * I have read and agree to the above terms and conditions

 Add attachments

- **Terms and Conditions**

- Read and agree to the Terms and Conditions of the Data Broker Services Request form.
- To agree, click the box next to the 'I have and agree' statement. **(Mandatory Field)**

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

The data collected cannot be used for Human Subject Research without receiving IRB approval.

The recipient shall use appropriate safeguards, as recommended by the applicable Information Technology/Security group, to prevent unauthorized use or disclosure of the data. The conditions above shall be clearly communicated to staff members and others with authorized access to the data, including any authorized collaborators and subcontractors.

☐ * I have read and agree to the above terms and conditions

- **Submit Data Broker Service Request form for Clinical Data (Operations/Research)**

- Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.


Data Broker Services (Clinical) Request

Data Broker Services Request Form

For additional information on Data Broker services, please visit our [website](#). For any questions, please [email](#) the Data Broker.

* Indicates required

Requester's Information

* Requested For/On behalf of 

Requester's Contact Information

Requester's Contact Phone Number

Ex. 305-555-5555

* Requester's Department

Required information

Requested For/On behalf of

Requester's Department

Is this a first time/new request?

What is the purpose for this data request?

Type of Data Being Requested

Inclusion/Exclusion Criteria for Clinical Data

List columns/fields that should be included in the data extract

I have read and agree to the above terms and conditions

Submit


Access

- Use this option when access to any of the following applications is being requested:
 - Cancer Scout
 - Cosmos
 - Power BI Dashboards related to Clinical Data
 - Secure Workbench
 - Other Access (i.e., for previously created EPIC reports, etc. in addition to changes in level of access)

- Requester's Information

- Requested For/On behalf of (Mandatory Field)
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- Requester's Contact Phone Number
 - Best contact phone number during standard business hours.

- Requester's Department (Mandatory Field)
 - Department/Division/Business Unit of the requester

Requester's Information	
* Requested For/On behalf of 	Requester's Contact Phone Number
<input type="text"/>	<input type="text" value="Ex. 305-555-5555"/>
	* Requester's Department
	<input type="text"/>

- **Service Requested**

- Under Service Selected, select 'Access'

Service Requested *Select Data Broker Service <input type="radio"/> Clinical Data (Research/Operations) <input checked="" type="radio"/> Access <input type="radio"/> Patient Contact List <input type="radio"/> File Transfer from Secure Workbench <input type="radio"/> Other Non-Clinical Data <input type="radio"/> Other Inquiry or Consulting
--

- Once selected, two new sections will appear called 'General Information' and 'Access Information'

Service Requested *Select Data Broker Service <input type="radio"/> Clinical Data (Research/Operations) <input checked="" type="radio"/> Access <input type="radio"/> Patient Contact List <input type="radio"/> File Transfer from Secure Workbench <input type="radio"/> Other Non-Clinical Data <input type="radio"/> Other Inquiry or Consulting	<div style="border: 2px solid red; padding: 5px;"> General Information *Will this data be shared? <input type="text" value="Yes"/> * Shared with? <input type="text" value="List all, including internal depts/business units or outside (non-UM) entities"/> Access Information * Access Type <input type="text" value="-- None --"/> * Access to be Granted to (multiple selection allowed) <input type="checkbox"/> User in the 'Requested For' field <input type="checkbox"/> Others * Business Need for Access <input type="text"/> * Individual from Business Unit Leadership providing authorization (and responsibility to notify IT if access is no longer required) <input type="text"/> * Business Unit of Authorizing Individual <input type="text"/> </div>
--	--

- **General Information**

- **Will this data be shared? (Mandatory Field)**

- Select 'No' if Clinical Data requested will be used only by the requester/within requester's dept/business unit.
 - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list ALL of the recipients (internal business units, departments or external i.e., non-UM entities) in the 'Shared with?' box, which again will only appear once 'Yes' is selected.

*Will this data be shared?

Yes

* Shared with?

List all, including internal depts/business units or outside (non-UM) entities

- **Access Information**

- **Access Type (Mandatory Field)**

- Select what access is being requested from the following:
 - Cancer Scout
 - Cosmos
 - Power BI Dashboard
 - Secure Workbench
 - Other

- **Access to be granted to**

- Who should access be granted to? Options include:
 - 'User in the Requester field'
 - 'Other' where the names of other individuals can be entered

- **Business Need for Access (Mandatory Field)**

- Briefly describe how this access will be used. This provides documentation of the role/function and need for the access.

- **Individual from Business Unit Leadership providing authorization (and responsibility to notify IT if access is no longer required) (Mandatory Field)**

- Name of someone from business unit management/leadership who authorizes the access as well as confirming that it will be the responsibility of the business unit to provide notice to UHealth IT UService if access is no longer needed. This is particularly relevant if the individual transfers or job functions change.
 - Please note that the Data Broker will contact this individual or another relevant individual within the department/business unit to confirm the access authorization.

- **Business Unit of Authorizing Individual (Mandatory Field)**
 - Name of business of individual authorizing the access.

Access Information

* Access Type

-- None --

* Access to be Granted to (multiple selection allowed)

☐ User in the 'Requested For' field

☐ Others

* Business Need for Access

* Individual from Business Unit Leadership providing authorization (and responsibility to notify IT if access is no longer required)

* Business Unit of Authorizing Individual

- **Additional Details and Documentation**

- Provide any other additional information that may be relevant to the request.

Additional Details and Documentation

Additional Information ⓘ

Please provide any additional information pertinent to this request. ✕

If you have relevant documents to include, please ATTACH them to this request. To attach a file,

- Use the paper clip icon in the top-right corner, or
- Drag-and-drop the document on top of this form

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Terms and Conditions

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📎 Add attachments

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- Read and agree to the Terms and Conditions of the Data Broker Services Request form.
- To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

The data collected cannot be used for Human Subject Research without receiving IRB approval.

The recipient shall use appropriate safeguards, as recommended by the applicable Information Technology/Security group, to prevent unauthorized use or disclosure of the data. The conditions above shall be clearly communicated to staff members and others with authorized access to the data, including any authorized collaborators and subcontractors.

☒ * I have read and agree to the above terms and conditions

- **Submit Data Broker Service Request form for Access**

- Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Data Broker Services (Clinical) Request

Data Broker Services Request Form

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* Indicates required

Requester's Information

* Requested For/On behalf of

Requester's Contact Phone Number
Ex: 305-555-5555

* Requester's Department

Required information

Patient Contact List

- Use this option when a Patient Contact List is needed to send a communication or other material to patients. Physician departure letters, fundraising, and marketing events are some examples.
- To request patient lists for research recruitment purposes, please select the 'Clinical Data Request (Research/Operations)' option under Service Requested.

- **Requester's Information**

- **Requested For/On behalf of (Mandatory Field)**
 - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.
- **Requester's Contact Phone Number**
 - Best contact phone number during standard business hours.

- Requester's Department (Mandatory Field)
 - Department/Division/Business Unit of the requester

Requester's Information	
*Requested For/On behalf of	Requester's Contact Phone Number
<input type="text"/>	Ex: 305-555-5555
	*Requester's Department
	<input type="text"/>

- **Service Requested**

- Under Service Selected, select 'Patient Contact List'

Service Requested *Select Data Broker Service <input type="radio"/> Clinical Data (Research/Operations) <input type="radio"/> Access <input checked="" type="radio"/> Patient Contact List <input type="radio"/> File Transfer from Secure Workbench <input type="radio"/> Other Non-Clinical Data <input type="radio"/> Other Inquiry or Consulting
--

- Once selected, four new sections will appear:
 - General Information
 - Patient Contact List Details
 - Communication Approval
 - Communication Method and Responsible Party

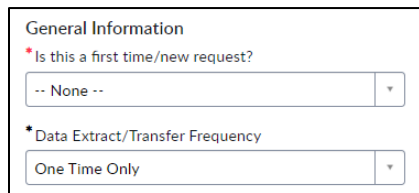
Service Requested *Select Data Broker Service <input type="radio"/> Clinical Data (Research/Operations) <input type="radio"/> Access <input checked="" type="radio"/> Patient Contact List <input type="radio"/> File Transfer from Secure Workbench <input type="radio"/> Other Non-Clinical Data <input type="radio"/> Other Inquiry or Consulting	General Information *Is this a first time/new request? <input type="text" value="-- None --"/> *Data Extract/Transfer Frequency <input type="text" value="One Time Only"/> Patient Contact List Details *How will the patient contact list be used? <div> If the request is for utilizing the Consent to Contact Initiative, please discard this form submission and complete the Consent to Contact Request Form which can be found here. </div> <input type="text" value="-- None --"/> *Explain Reason for Patient Contact List <div> Briefly explain reason for need of patient contact list (i.e., name of physician that is departing, name of fundraiser event, name of marketing event, etc.) </div>
--	---

Communication Approval *Has the communication material been reviewed and approved by Department Chair, SOA, or other Administrator? <input type="text" value="-- None --"/> *Has the communication material been reviewed and approved by the UHealth Privacy Office? <input type="text" value="-- None --"/>
--

Communication Method and Responsible Party *How will the communication material be sent to the patients? <input type="radio"/> Mail <input type="radio"/> MyChart <input type="radio"/> Phone Call <input type="radio"/> Voicemail <input type="radio"/> Other *Who will be responsible for sending the communication material to patients? <input type="radio"/> UM Department <input type="radio"/> Third-Party Vendor *UM Department or Third-Party Vendor sending communication material <input type="text" value="Name of UM Department or third-party Vendor which"/>
*Inclusion/Exclusion Criteria for Patient Contact List <div> Example: Provider(s), Provider Location, Service Location, CPT Procedure Codes, ICD 10 Diagnosis Codes, Date Range </div>
*Data fields/columns to be included in the contact list <div> Please note the fields requested should reflect the communication method to be used. </div>

- **General Information**

- Is this a first time/new request? (Mandatory Field)
 - Select 'Yes' if this is first time or new request.
 - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will appear when 'No' is selected.
- Data Extract Frequency (Mandatory Field)
 - Select the frequency which the contact list is needed. Options include: one time, weekly, monthly, quarterly, annually, and other.



General Information

*Is this a first time/new request?

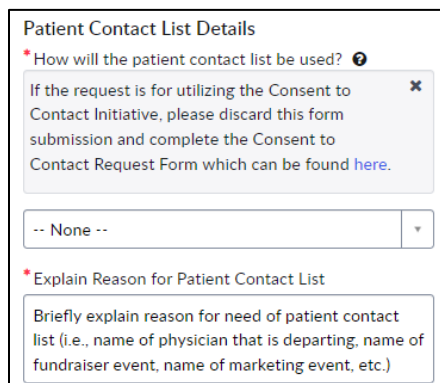
-- None --

*Data Extract/Transfer Frequency

One Time Only

- **Patient Contact List Details**

- How will the patient contact list be used? (Mandatory Field)
 - Options include Departure Letter, Fundraising, Marketing, and Other
 - For patient lists to be used for research recruitment purposes, please select the 'Clinical Data Request (Research/Operations)' option under Service Requested. To utilize CTSI's Consent to Contact Initiative, please use the Consent to Contact Request Form which can be found [here](#) on the CTSI website.
- Explain Reason for Patient Contact List (Mandatory Field)
 - What is the reason for this request? For departure letters, provide the name of the departing provider. For marketing and fundraising purposes, provide the name of event, etc.



Patient Contact List Details

*How will the patient contact list be used? ⓘ

If the request is for utilizing the Consent to Contact Initiative, please discard this form submission and complete the Consent to Contact Request Form which can be found [here](#).

-- None --

*Explain Reason for Patient Contact List

Briefly explain reason for need of patient contact list (i.e., name of physician that is departing, name of fundraiser event, name of marketing event, etc.)

Communication Approval

- Has the communication material been reviewed and approved by Department Chair, SOA, or other Administrator? (Mandatory Field)
 - Select Yes or No
- Has the communication material been reviewed and approved by the UHealth Privacy Office? (Mandatory Field)
 - Select Yes or No
 - If yes, attach a copy of the UHealth Privacy approval email to the request.
 - If these approvals are obtained in advance, this helps in the speed of fulfillment.

Communication Approval

* Has the communication material been reviewed and approved by Department Chair, SOA, or other Administrator?

-- None --

* Has the communication material been reviewed and approved by the UHealth Privacy Office?

-- None --

- **Communication Method and Responsible Party**

- How will the communication material be sent to the patients? (Mandatory Field)
 - Select the method the communication material will be sent to the patients
 - Mail
 - MyChart
 - Phone Call
 - Voicemail
 - Other
- Who will be responsible for sending the communication material to patients? (Mandatory Field)
 - Will a UM department or a Third-Party Vendor be used to send the material?
- UM Department or Third-Party Vendor sending communication material (Mandatory Field)
 - Provide the name of the UM or Third-Party Vendor sending the material. Note use of a Third-Party vendor will almost always require a HIPAA Business Associate Agreement (BAA) be in place. For more information on vendors with already completed BAAs, please contact privacycontracts@miami.edu.
- Inclusion/Exclusion Criteria for Patient Contact List (Mandatory Field)
 - List the inclusion and/or exclusion criteria that should be used to create the clinical data set
 - Examples of common inclusion/exclusion criteria are Service Provider, Service Location, Date of Service, ICD Diagnosis Codes, CPT Procedure Codes, remove known deceased persons, etc.

- **Data fields/columns to be included in the contact list (Mandatory Field)**
 - Provide a list of fields/columns which should be included in the list. The requested fields should reflect the sending method (i.e., mailing address for mail, phone number for voicemail, etc.).

Communication Method and Responsible Party

*How will the communication material be sent to the patients?

☐ Mail
☐ MyChart
☐ Phone Call
☐ Voicemail
☐ Other

*Who will be responsible for sending the communication material to patients?

☐ UM Department
☐ Third-Party Vendor

*UM Department or Third-Party Vendor sending communication material ⓘ

Name of UM Department or third-party Vendor whic

*Inclusion/Exclusion Criteria for Patient Contact List

Example: Provider(s), Provider Location, Service Location, CPT Procedure Codes, ICD 10 Diagnosis Codes, Date Range

*Data fields/columns to be included in the contact list ⓘ

Please note the fields requested should reflect the communication method to be used.

- **Additional Details and Documentation**

- Provide any other additional information that may be relevant to the request.

Additional Details and Documentation

Additional Information ⓘ

Please provide any additional information pertinent to this request.

If you have relevant documents to include, please ATTACH them to this request. To attach a file,

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☐ * I have read and agree to the above terms and conditions

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- **Terms and Conditions**

- Read and agree to the Terms and Conditions of the Data Broker Services Request form.
- To agree, click the box next to the 'I have and agree' statement. **(Mandatory Field)**

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

The data collected cannot be used for Human Subject Research without receiving IRB approval.

The recipient shall use appropriate safeguards, as recommended by the applicable Information Technology/Security group, to prevent unauthorized use or disclosure of the data. The conditions above shall be clearly communicated to staff members and others with authorized access to the data, including any authorized collaborators and subcontractors.

☐ * I have read and agree to the above terms and conditions

- **Submit Data Broker Service Request form for a Patient Contact List**

- Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Data Broker Services (Clinical) Request

Data Broker Services Request Form

For additional information on Data Broker services, please visit our [website](#). For any questions, please [email](#) the Data Broker.

* Indicates required

Requester's Information

* Requested For/On behalf of

Requester's Contact Phone Number

* Requester's Department

Submit

Required information

Requested For/On behalf of

Requester's Department

Is this a first time/new request?

What is the purpose for this data request?

Type of Data Being Requested

Inclusion/Exclusion Criteria for Clinical Data

List columns/fields that should be included in the data extract

I have read and agree to the above terms and conditions

File Transfer from Secure Workbench

- Use this option when requesting file(s) to be transferred off a Secure Workbench.

- **Requester's Information**

- **Requested For/On behalf of (Mandatory Field)**
 - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.
- **Requester's Contact Phone Number**
 - Best contact phone number during standard business hours.
- **Requester's Department (Mandatory Field)**
 - Department/Division/Business Unit of the requester

Requester's Information	
*Requested For/On behalf of ?	Requester's Contact Phone Number
<input type="text"/>	<input type="text" value="Ex: 305-555-5555"/>
	*Requester's Department
	<input type="text"/>

- **Service Requested**

- Under Service Selected, select 'File Transfer from Secure Workbench'

Service Requested
*Select Data Broker Service
<input type="radio"/> Clinical Data (Research/Operations)
<input type="radio"/> Access
<input type="radio"/> Patient Contact List
<input checked="" type="radio"/> File Transfer from Secure Workbench
<input type="radio"/> Other Non-Clinical Data
<input type="radio"/> Other Inquiry or Consulting

- Once selected, four new sections will appear called 'General Information', 'Data Transfer Details', 'Data Location', 'Data Destination'.

General Information	Data Transfer Details
*Is this a first time/new request?	*Description of Data to be Transferred
<input type="text" value="-- None --"/>	<div>Briefly describe the data file(s) to be transferred. Please include the inclusion and/or exclusion criteria that were used to build the file as well as provide the names of the columns/fields in the files.</div>
*Data Extract/Transfer Frequency	Data Location
<input type="text" value="One Time Only"/>	*Name or Description of Secure Workbench
*Will this data be shared?	<input type="text"/>
<input type="text" value="Yes"/>	*Data File Location
*Shared with?	<input type="text"/>
List all, including internal depts/business units or outside (non-UM) entities	Data Destination
*What is the purpose for this data request? ?	*Where should files be transferred to?
<input type="text" value="-- None --"/>	<input type="text" value="-- None --"/>

- **General Information**

- **Is this a first time/new request? (Mandatory Field)**
 - Select 'Yes' if this is first time or new request.
 - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will appear when 'No' is selected.
- **Data Extract Frequency (Mandatory Field)**
 - Select the frequency which the data extract is needed. Options include: one time, weekly, monthly, quarterly, annually, and other.
- **Will this data be shared? (Mandatory Field)**
 - Select 'No' if the data requested will be used only by the requester.
 - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list the recipients in the 'Shared with?' box which will appear once 'Yes' is selected.
- **What is the purpose of this request? (Mandatory Field)**
 - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, Other. Please note that certain options (such as QA/QI, Research, etc.) will require additional information, see below.
 - *Quality Assurance (QA) or Quality Improvement (QI) Initiatives*
 - Briefly describe the project for the QA/QI Initiative (**Mandatory Field**)
 - Please note Manager approval may be requested for all Quality Assurance (QA) and Quality Improvement (QI) requests.
 - *Research*
 - Associated IRB eProst study number (**Mandatory Field**)
 - *Review Preparatory to Research*
 - Attach Completed UM Form E (**Mandatory Field**) - Investigator's Certification for Reviews Preparatory to Research
 - *Other*
 - Briefly describe how this data will be used (**Mandatory Field**)
 - This option should only be used if none of the other listed options match.

General Information

* Is this a first time/new request?

-- None --

* Data Extract/Transfer Frequency

One Time Only

* Will this data be shared?

Yes

* Shared with?

List all, including internal depts/business units or outside (non-UM) entities

* What is the purpose for this data request? ?

-- None --

- **Data Transfer Details**

- Description of Data to be Transferred (**Mandatory Field**)
 - Brief description of the file to be moved describing its content

Data Transfer Details

* Description of Data to be Transferred

Briefly describe the data file(s) to be transferred. Please include the inclusion and/or exclusion criteria that were used to build the file as well as provide the names of the columns/fields in the files.

- **Data Location**

- Name or Description of Secure Workbench (**Mandatory Field**)
- Data File Location (**Mandatory Field**)
 - Path/location of file on the Secure Workbench

Data Location

* Name or Description of Secure Workbench

* Data File Location

- **Data Destination**

- Where should files be transferred to?
 - Options include Department Server, Email, UM Box, UM OneDrive, Secure Workbench, UMIT/UHIT Sanctioned Method, Other Method

Data Destination

* Where should files be transferred to?

-- None --

- **Additional Details and Documentation**

- Provide any other additional information that may be relevant to the request.

- If there are any documents to attach to the request, use the paper clip in the bottom left corner of the request form to upload.

- **Terms and Conditions**

- Read and agree to the Terms and Conditions of the Data Broker Services Request form.
- To agree, click the box next to the 'I have and agree' statement. **(Mandatory Field)**

- **Submit Data Broker Service Request form for a File Transfer from a Secure Workbench**

- Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Other Non-Clinical Data

- Use this option when Non-Clinical Data (i.e., data not stored in clinical systems, data that is not clinical in nature, etc.) is needed for any of the following purposes:
 - Case Logs for credentialing purposes
 - Quality Improvement and Quality Assurance Projects
 - IRB-approved Research (both retrospective and prospective)
 - Reviews Preparatory to Research
 - Other operations/care need

- **Requester's Information**

- Requested For/On behalf of (Mandatory Field)
 - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.
- Requester's Contact Phone Number
 - Best contact phone number during standard business hours.
- Requester's Department (Mandatory Field)
 - Department/Division/Business Unit of the requester

Requester's Information	
* Requested For/On behalf of 	Requester's Contact Phone Number
<input type="text"/>	<input type="text" value="Ex. 305-555-5555"/>
	* Requester's Department
	<input type="text"/>

- **Service Requested**

- Under Service Selected, select 'Other Non-Clinical Data'

Service Requested
*Select Data Broker Service
<input type="radio"/> Clinical Data (Research/Operations)
<input type="radio"/> Access
<input type="radio"/> Patient Contact List
<input type="radio"/> File Transfer from Secure Workbench
<input checked="" type="radio"/> Other Non-Clinical Data
<input type="radio"/> Other Inquiry or Consulting

- Once selected, two new sections will appear called 'General Information' and 'Other Non-Clinical Data Details'

The screenshot shows a form titled 'Service Requested'. On the left, under '*Select Data Broker Service', there are radio buttons for 'Clinical Data (Research/Operations)', 'Access', 'Patient Contact List', 'File Transfer from Secure Workbench', 'Other Non-Clinical Data' (which is selected), and 'Other Inquiry or Consulting'. On the right, two sections are highlighted with a red border: 'General Information' and 'Other Non-Clinical Data Details'. The 'General Information' section contains four mandatory fields: 'Is this a first time/new request?' (dropdown with '-- None --'), 'Data Extract/Transfer Frequency' (dropdown with 'One Time Only'), 'Will this data be shared?' (dropdown with 'Yes'), and 'Shared with?' (text input with placeholder 'List all, including internal depts/business units or outside (non-UM) entities'). Below these are two more mandatory fields: 'What is the purpose for this data request?' (dropdown with '-- None --') and 'Type of Data Being Requested' (dropdown with '-- None --'). The 'Other Non-Clinical Data Details' section contains one mandatory field: 'Other Non-Clinical Data Being Requested' (text input with placeholder 'Describe what other non-clinical data is being requested').

- **General Information**

- Is this a first time/new request? (Mandatory Field)
 - Select 'Yes' if this is first time or new request.
 - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will appear when 'No' is selected.
- Data Extract Frequency (Mandatory Field)
 - Select the frequency which the data extract is needed. Options include: one time, weekly, monthly, quarterly, annually, and other.
- Will this data be shared? (Mandatory Field)
 - Select 'No' if the data requested will be used only by the requester.
 - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list ALL of the recipients (internal business units, departments or external i.e. non-UM entities) in the 'Shared with?' box, which again will only appear once 'Yes' is selected.

This close-up shows the 'Will this data be shared?' dropdown menu with 'Yes' selected. Below it is the 'Shared with?' text input field with the placeholder text 'List all, including internal depts/business units or outside (non-UM) entities'.

- What is the purpose for this data request? (Mandatory Field)
 - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, Other. Please note that certain options (such as QA/QI, Research, etc.) will require additional information, see below.
 - *Quality Assurance (QA) or Quality Improvement (QI) Initiatives*
 - Briefly describe the project for the QA/QI Initiative (**Mandatory Field**)
 - Please note Manager approval may be requested for all Quality Assurance (QA) and Quality Improvement (QI) requests.
 - *Research*
 - Associated IRB eProst study number (**Mandatory Field**)
 - *Review Preparatory to Research*
 - Attach Completed UM Form E (**Mandatory Field**) - Investigator's Certification for Reviews Preparatory to Research
 - *Other*
 - Briefly describe how this data will be used (**Mandatory Field**)
 - This option should only be used if none of the other listed options match.
- Type of Data Being Requested (Mandatory Field)
 - Choose the type of data being requested. For more information on the types of data that can be requested, refer to the Data Broker website.
 - De-Identified Data Set
 - Limited Data Set
 - Individually Identifiable Health Data (PHI)
 - Re-Identification (SlicerDicer, CancerScout)

General Information	
* Is this a first time/new request?	-- None --
* Data Extract/Transfer Frequency	One Time Only
* Will this data be shared?	Yes
* Shared with?	List all, including internal depts/business units or outside (non-UM) entities
* What is the purpose for this data request? ?	-- None --
* Type of Data Being Requested ?	-- None --

- **Other Non-Clinical Data Details**

- **Other Non-Clinical Data Being Requested (Mandatory Field)**

- List the inclusion and/or exclusion criteria that should be used to create the data set, data Source, what columns or fields should be included in data output, or any other information pertinent to the request

Other Non-Clinical Data Details

* Other Non-Clinical Data Being Requested

Describe what other non-clinical data is being requested

- **Additional Details and Documentation**

- Provide any other additional information that may be relevant to the request.

Additional Details and Documentation

Additional Information ⓘ

Please provide any additional information pertinent to this request.


If you have relevant documents to include, please ATTACH them to this request. To attach a file,

- Use the paper clip icon in the top-right corner, or
- Drag-and-drop the document on top of this form

- If there are any documents to attach to the request, use the paper clip in the bottom left corner of the request form to upload.

Terms and Conditions

☐ * I have read and agree to the above terms and conditions

 Add attachments

- **Terms and Conditions**

- Read and agree to the Terms and Conditions of the Data Broker Services Request form.
 - To agree, click the box next to the 'I have and agree' statement. **(Mandatory Field)**

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

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- **Submit Data Broker Service Request form for Other Non-Clinical Data Requests**

- Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Data Broker Services (Clinical) Request
Data Broker Services Request Form

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* Indicates required

Requester's Information

* Requested For/On behalf of

Requester's Contact Phone Number
Ex. 305-555-5555

* Requester's Department

Required Information

Requested For/On behalf of

Requester's Department

Is this a first time/new request?

What is the purpose for this data request?

Type of Data Being Requested

Inclusion/Exclusion Criteria for Clinical Data

List column/fields that should be included in the data extract

I have read and agree to the above terms and conditions

Submit

Other Inquiry or Consulting

- Use this selection to submit any questions, inquiries, or other data privacy/security/compliance consulting needs to the Data Broker.

- **Additional Details and Documentation**

- Summarize the inquiry or explain what type of consulting service is being requested from the Data Broker.

Additional Details and Documentation

Additional Information ⓘ

Please provide any additional information pertinent to this request.

If you have relevant documents to include, please ATTACH them to this request. To attach a file,

- Use the paper clip icon in the top-right corner, or
- Drag-and-drop the document on top of this form

- If there are any documents to attach to the request, use the paper clip in the bottom left corner of the request form to upload.

Terms and Conditions

☐ * I have read and agree to the above terms and conditions

- **Terms and Conditions**

- Read and agree to the Terms and Conditions of the Data Broker Services Request form.
- To agree, click the box next to the 'I have and agree' statement. **(Mandatory Field)**

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I certify that the data described above will be used only for the purpose stated above.

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- **Submit Data Broker Service Request form for Other Inquiry or Consulting Requests**

- Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Data Broker Services (Clinical) Request

Data Broker Services Request Form

For additional information on Data Broker services, please visit our [website](#). For any questions, please [email](#) the Data Broker.

* Indicates required

Requester's Information

* Requested For/On behalf of

Requester's Contact Phone Number
Ex: 305-555-5555

* Requester's Department

Required Information

(Requested For/On behalf of)

(Requester's Department)

(Is this a first time/new request?)

(What is the purpose for this data request?)

(Type of Data Being Requested)

(Inclusion/Exclusion Criteria for Clinical Data)

(List columns/fields that should be included in the data extract)

(I have read and agree to the above terms and conditions)

Submit

ServiceNow Email Notification

- Once the request has been submitted (i.e., 'Submit Order' has been clicked). An email notification will be sent to the individual whose name is in the 'Requested For/On behalf of' field. The notification will contain the related ticket number.

Email notification from IT Service Desk uhealth@service-now.com

