**Quality Improvement/ Process Improvement**

**QI/PI DATA REQUEST FORM**

1. Date of Request:

2. Requester’s Name:

3. Requester’s Organization:

4. Project/Study title:

5. Name of QI/PI Task Force at UNC Health that is sponsoring the QI/PI project:

6. Objectives:

7. Define the population of interest (be specific):

For example: “Women that delivered at UNC Medical Center during the period from 01/01/2018 to 12/31/2019 and identify those who had preeclampsia and hypertension” (Please provide ICD-10 codes for preeclampsia and hypertension).

Please provide categorizations, if any, for variables that are required as part of the data request.

If you are asking for a specific metric please specify its frequency (daily, monthly, quarterly, yearly, other).

8. Project Due Date:

By when do you need the data request and what is the driver for that due date.

9. Additional information you want to provide to help us understand your data request: