

06-06

**MUSC – OCIO- IS**  
**HAS Finance and Patient Management Team**  
**CQ Report User Request Form**

Mailing Address: OCIO-FPM Team, Suite 201, Harborview Towers. FAX 792-8319

Requestor: \_\_\_\_\_ Dept. Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext. \_\_\_\_\_ Pager \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Required: \_\_\_\_\_ Report # \_\_\_\_\_  
Include Report # if requesting a Modification to an existing report

Deliver To: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Request:

Which Patients are to be selected:

Inpatient \_\_\_\_\_ Outpatients \_\_\_\_\_ ER Patients \_\_\_\_\_ Pre-Admits \_\_\_\_\_

Inclusion Dates: \_\_\_\_\_

Other Selection Criteria:

Data Elements to be Printed:

(Please list them in the order you want to receive them)

\_\_\_\_\_ Summary \_\_\_\_\_ Detail \_\_\_\_\_ Data file \_\_\_\_\_ Delimiter Character

Specify data elements on which to:

Sort \_\_\_\_\_

Page Break \_\_\_\_\_

Total \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Frequency: \_\_\_\_\_ One-Time \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly