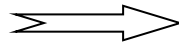




Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

Revised 2025-03-18



ATTENTION:

WRHA Medicine Information Management & Research

Dr. Dan Roberts, MD
HSC Rm: GF 336a,
820 Sherbrook St R3A 1R9

Julie Mojica, Statistician (Phone 204-787-1690, jmojica@hsc.mb.ca)

Fax: (204) 787-2823

Medicine Database Information Request Form

Please complete all sections.

Date of Request: _____ Date Information required by _____
(Allow at least 2 weeks for completion of request)

Submitted by: _____ Department: _____ Phone: _____

Who is the request for? _____ Department: _____ Phone: _____

(if different from above)

List all others who will have access to this data: ➡ _____

Intended use of data :

Check the item and elaborate further in the space below.

☐ Research Project - Please attached the following

1. Copy of Research Ethics Boards' Approval Form

2. Copy of Research Proposal/Protocol Summary

☐ Teaching ☐ Resource Utilization

☐ Audit/Evaluation/Review ☐ Others - Please specify.

Specific Data Requested?

Time Period: Start _____ End _____
(mm/dd/yyyy) (mm/dd/yyyy)

Hospital & Unit: ☐ ALL below

HSC: ☐ STB: ☐ GRA: ☐

Type of Report: ☐ Combined Report

☐ Individual Reports

Summary statistics required? YES ☐ NO ☐

(Include N, Mean, Standard Deviation, Sum, Minimum, Maximum)

Further Data Details (please indicate below and back).

Patient chart log required (Includes Initials, Chart, DOB, Admit & Discharge Date, Hospital, Unit)? ☐ YES ☐ NO

How would you like this information sent to you?

➡ Mail ☐ Your address: _____

➡ Pick up ☐

➡ Fax* ☐ Your Fax # _____

Have been asked before to give feedback on the data?

☐ YES ☐ NO

➡ Email* ☐ Your Hospital Email Address _____

*For summary statistics request only

Do not fill-up the area below this line.

Authorization Signature

Medicine Info Mgt & Research

APPROVED
YES ☐ NO ☐

Fee Applicable
YES ☐ NO ☐ \$ _____

Medicine Database Info Request No. _____