

Requesting Anesthesia Reports

If you can't find the data you want in an existing report on the [AIMS Reports page](#), please use the [UWMC AIMS Clinical Custom Report Request Form](#) to ask for a new report. Log in with your AMC account and:

- Fill in the top section: who you are (Requester, Affected End User), and where you work (Reporting Location and Reporting Department).
- Fill in the Report Description near the bottom to say what you want.
- **Click the Save button at the top of the page to send in the request.**

Top of form:

CA Service Desk Manager

Requests/Incidents

Zucker, Frank

File View Activities Search Window Help

Create New Request 1593098 *Fill these in*

Save Request

Save Create Change Order Cancel Reset

Save when done

Requester Affected End User Category * Status * Priority

Your name: Last, First Your name: Last, First ClinApps.PeriOP.AIMS Open 5-Nor

Reporting Location Reporting Department Reporting Method Group Priority

Your location Your department Web Services 5

Detail

Reported By Group * Assignee Call Bz

Auxiliary-TA DO NOT CHANGE Zucker, Frank <empty>

- Requestor and Affected End User are usually your name, in the format "Last, First."
- Leave Category alone unless you want data transfer to a different computer system.
- Leave Group and assignee alone, so that the request goes to the right person.

Bottom of form:

Summary Information

Summary * Spelling Search Knowledge

UWMC AIMS Clinical custom Report Request Form

Description * Spelling *Fill in description*

AIMS DATA REQUEST FORM

*=required field

First Name *

Scroll down to fill in the rest of the Description (see below for the full form). Please fill in all the blanks you can: the more detail you give us, the faster we'll be able to give you the report you want.

The subfields within Description are:

First Name * _____

Last Name * _____

Email * _____

Department * _____

(Options: Anesthesiology Admin, Billing Hospital, CQI, HMC,
Hospital Admin, Research, Surgery, Nursing, UWP, Other)

Phone Number * _____

(xxx-xxx-xxxx)

Request Type * _____

(Billing/Compliance, Quality Assurance, Administrative,
Educations, Research, Other)

If Research is selected please enter IRB# Below

Research IRB# _____

Report Name * _____

Purpose of the report *

Report Content:

List of data elements needed:*

Date Range: * M/D/YYYY to M/D/YYYY

Case selection criteria: *

Other report contents:

Date Report needed * M/D/YYYY

Most reports require at least one week or more lead time from the date the request was submitted.

Supervisor Name * _____

First Last name

Supervisors Email * _____

Email: docusys@uw.edu

Replace blanks with name if different from
Requestor and Affected End User

Always fill in email

The more detail you put in here,
the faster you will get back the
report you want.

DON'T FORGET TO CLICK SAVE AT THE TOP WHEN YOU'RE DONE.