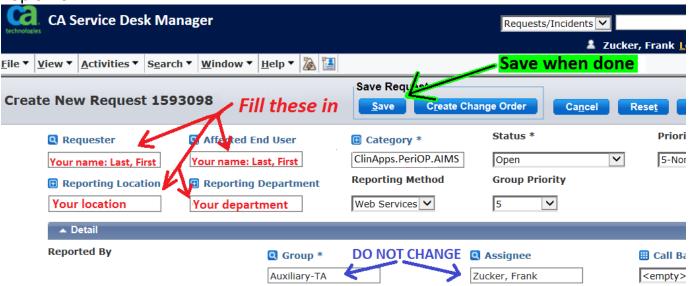
Requesting Anesthesia Reports

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

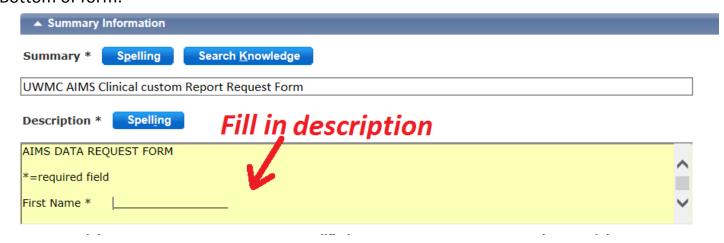
- Fill in the top section: who you are (Requester, Affected End User), and where you work (Reporting Location and Reporting Department).
- Fill in the Report Description near the bottom to say what you want.
- Click the Save button at the top of the page to send in the request.

Top of form:



- 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:



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 * Replace blanks v	with name if different from
Last Name * Requestor and A	Affected End User
Email * Always fill in e	email Y
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:*	
The more det	ail you put in here,
	u will get back the
Date Range: * M/D/YYYY to M/D/YYYY report you wa	_
Case selection criteria: *	
	<u> </u>
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 sumitted.
Supervisor Name * First Last name	
Supervisors Email *	^
Email: docusys@uw.edu	V