|  |  |
| --- | --- |
| **Request # & Title** |  |
| **Requested Date** |  |
| **Requestors**  **email address; phone** |  |

**SECTION 1: REQUEST DESCRIPTION**

|  |  |
| --- | --- |
| **1a. Please provide a high-level overview of this request, the use case it is intended to address, and the benefit(s):** | |
|  |  |

|  |  |
| --- | --- |
| **1b. THC’s amendment to this data request (to be completed by THC staff):** | |
|  |  |

|  |  |
| --- | --- |
| **2. Provide details of what minimum dataset is needed for this request:** | |
|  |  |

|  |  |
| --- | --- |
| **3. Describe the desired timeframe (start and duration) for this request:** | |
|  |  |

**SECTION 2: COMPLIANCE & RISKS**

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| --- | --- |
| **4. Describe compliance with state and federal laws/regulations:** | |
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|  |  |
| --- | --- |
| **5**. **Describe how your organization plans to secure this data:** | |
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|  |  |
| --- | --- |
| **6.** **Are there any controls or restrictions to be placed on data/data use?** | |
|  |  |

|  |  |
| --- | --- |
| **7.** **Identify risks associated with this request:** | |
|  |  |

**SECTION 3: ALIGNMENT WITH PARTICIPATING ORGANIZATIONS (DATA SOURCES)**

|  |  |
| --- | --- |
| **8. Describe how this request aligns with participating organizations mission:** | |
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|  |  |
| --- | --- |
| **9. Describe how the request is clinically relevant:** | |
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|  |  |
| --- | --- |
| **10. Describe how the request is operationally reasonable:** | |
|  |  |

|  |  |
| --- | --- |
| **11. Please insert a data flow diagram or narrative:** | |
|  |  |

**SECTION 4: DATA GOVERNANCE (to be completed by THC staff)**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR DATA GOVERNANCE** | **Approved** | **Denied** | **Not Applicable** |
| Legal Subcommittee |  |  |  |
| Business Subcommittee |  |  |  |
| Clinical Subcommittee |  |  |  |
| Security & Technical review |  |  |  |
| Data Governance Committee |  |  |  |
| Comments (including reasons for denial, if applicable): | | | |
|  | | | |

**Approved:**

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Subcommittee Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THC Chief Security Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THC Chief Information Officer Date