

**Data Request Form**

**Internal Medicine**

**Quality & Performance Improvement**

**Requestor Name**: Insert name **Request Date**: Click to enter a date

**Division**: Insert division

**Physician Champion(s)**: Insert name **Administrative Lead:** Insert name

What QI project will this data help support?

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How would you define the population for this data request?

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Please describe the measures and/or data elements that you would like included.

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Please describe the priority level of this work within your division.

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Please describe any critical dates that affect this work.

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Email completed form to: IntMed-QITeam@umich.edu.

Questions? Contact Tammy Ellies (tmrice@med.umich.edu)