**PDS HIS Data Request Form 2024**

***Please read Guidelines on Creating PDS Health Information Systems (HIS) Data Requests* *prior to submitting your data request.***

Date Request Submitted:

Name of Doctor Making the Request:

Position: Resident Consultant Affiliated Institution:

PDS Member *(if not currently affiliated with any institution)*

Email Address:

Business Address *(if with any)*:

Contact Number(s):

**Specific Information on Requested Data:**

*1)Type of request:* Intra-institutional (from own institution only)

Inter-institutional (from another PDS institution)

PDS HIS Central Database (from all PDS institutions)

*2) Disease of interest* (Please include synonyms/eponyms of the disease that you would want to search for in the database)*:*

*4) Time period of Data:*

*Please choose one:*

Summary report is per year (e.g. total number of cases for 2011, total number of cases for 2012, total number of cases for 2013, total number of cases 2014, etc.)

Note: For the “Yearly" counts, we take all patients seen in a year with the specific diagnosis first, then count them. This means that a patient seen in 2011 will be counted once in 2011. If that same patient was seen in 2012 with the same diagnosis, that patient will be counted once for 2012. In effect, each patient will be counted once per year.

Summary report is cumulative for the entire duration of requested time period (e.g. total number of cases 2011-2018 )

Note: For the "Cumulative” count, we take all patients seen in that period with the specific diagnosis first, then count them. This means that the same patient discussed in note above will be counted only once for the "Cumulative" count of the period 2011-2018. In effect, the "Cumulative" count may be lower than the sum of "Yearly" counts.

*5) Please mark variables needed for your data request if applicable:*

Summary Reports

Number of new cases of a disease

Number of Existing Cases (New + Returning) of a disease

Gender distribution of cases

Number of patients seen in all institutions included in the HIS Registry

Top 10 Diseases for the year

Others (*subject to further approval*)

**Purpose of Request:** *(E.g. background information for research entitled “\_\_\_”; lecture entitled “\_\_\_”)*

*;*

**Specify date when data will be needed:**

*(Requests should be submitted at least one month before specified date needed)*

**Required signatures *(as appropriate):***

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

Requesting Doctor Supervising Consultant

**For HIS Use Only**

Name of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Request Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Sent to Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:**

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

**Zharlah Gulmatico-Flores, MD, FPDS**

Philippine Dermatological Society

Research Publication and HIS Council Head

ver Feb 2023