

# Hospital/Laboratory UVIS Data Retrieval Request

**Date:** \_\_\_\_\_

**Person requesting data:** \_\_\_\_\_

**Contact information: Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Information needed:** (Please describe in enough detail to ensure that the data retrieval process produces the information that you need)

**Date needed:** \_\_\_\_\_

**Desired format:**  Printed output  Excel  Word

Data retrieval requests from the following databases require approval:

Hospital modules Hospital Director

Diagnostic laboratory module Diagnostic Laboratory Director

Clinical Pathology laboratory module Clinical Pathology Laboratory Director

**Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

*For office use only*