|  |  |
| --- | --- |
| **Question** | **Permissible Responses** |
|  |  |
| Purpose or Registry | Quality Improvement  Guideline Development  Performance Reporting  Device Surveillance  Public Health Surveillance  Research (Cohort Identification)  Clinical Decision Support  Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Stakeholders | Hospitals  Academic Research Sites  Legislators  Regulators  Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Realm | State  National  International |
| Data Sources | EHR  Extracted form Paper Medical Records  Data Warehouse  Patient Forms  Devices  PAC System  Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Data Collection Mechanism | Direct Data Entry  Electronic Extraction  Secure Web Portal  Application (App)  Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Workflow** |  |
| Acquisition Process provider |  |
| Data Processing Steps (Both on the submitter and receiver end) |  |
| Data Submission |  |
| Data Transfer(Transport) |  |
| **Authorizations** |  |
| How do you handle Consent Requirements | Opt In  Opt Out  Other\_\_\_\_\_\_\_\_  Send a copy of Patient Consent Agreement Form |
| Authorization for Registry to Access Data in Other systems | Data Use Agreement  BAA  Other\_\_\_\_\_\_\_\_ |
| List of Data Elements |  |
| Use of 3rd Party Vendors | Yes  No |
| Data Exchange Mechanism |  |
| Data Exchange Partners |  |
| Frequency of Data Collection |  |
| Common Data Models Used |  |
| Data Standards Used |  |
| Other Standards Used |  |
| Registry Workflow |  |