

Questions marked with an asterisk (*) are mandatory.

1 * Please provide your organization's name

2 Please provide your database name (if applicable)

3 How many patients do you have in your observational database?

- <50,000
- 50,000-499,999
- 500,000-999,999
- 1,000,000-9,999,999
- 10,000,000-50,000,000
- >50,000,000

4 Please provide the range of years covered in the database, e.g. 2001- 2007

5 Do you have medication data (either prescribed or dispensed) linked to the patient?

YES NO

Please feel free to clarify:

6 Check the following categories of patient-specific data available

- Diagnosis codes/problem list
- Laboratory values
- Imaging reports

Procedure reports

7 Please select the intended purpose for collecting this data:

Reimbursement (e.g. insurance, payer)

Clinical care (e.g. practitioner)

Other, please specify

8 For most patients, do you capture ***most***, if not all, of the following services:

Ambulatory care

Hospital care

Prescribed or dispensed drugs

Please feel free to clarify:

9 Has the data previously been used for drug safety research?

10 Do you have any other comments?

 SUBMIT

Questions marked with an asterisk (*) are mandatory.

Please provide the following primary contact information:

11 * Contact name:

12 Title:

13 Mailing Address:

14 * Email address:

15 Phone number:

