 **ALR Data Resubmission – Special Request Form**

Please complete the appropriate sections of this form, attain the required signatures, and **e-mail a copy to OH-CCO Informatics** OH-CCO\_Informatics@ontariohealth.ca(fax option: 416-217-1302)**. Resubmission requests received in less than 2 business days prior to the data submission deadline will be submitted for approval for the following month.** OH-CCO will confirm the request with the requestor within 48 hours of receipt of the request. If you have any questions about this form please e-mail us via:

OH-CCO\_Informatics@ontariohealth.ca

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| **Section 1 – Requestor Identification** |
| First Name \* | Middle Initial(s) | Last Name \* |
| Business Telephone \* *(include ext.)* | Business E-mail \* |
| Title \* | Facility Name \* Choose an item. |

***Please complete sections 1 and 2 before printing this form.***

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| **Section 2 – Resubmission Specifications** |
| **2a. Data entities to be resubmitted \*** (*check all that apply and specify the pertinent submission month*)

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| [ ]  Clinic Visit | From:  To:  |
| [ ]  Radiation Planning / Treatment Activity | From:  To:  |
| [ ]  Systemic Drug Delivery Event | From:  To:  |
| [ ]  Procedure | From:  To:  |

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| **2b. Estimated resubmission date: \*** Click or tap to enter a date. |
| **2c. Reason for special request: \*** (*Provide a brief description of the situation which has caused the need for a special request, including actions*)Click or tap here to enter text.  |

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|  **Section 3 – Signatures and Approvals**  |
| **3a. Please print this form now, and obtain the appropriate signatures \***  |
| Data Submission Contact | Name (please print) | Signature  |
| Hospital Executive (i.e.; **Program Director**) | Name (please print) | Signature  |