

Quality Reporting System Public Use File: Request Form

Name (print):		
Organization (print):		
Email (to receive PUF):		
Phone:		
How would you best describe yourself or your organization?		
☐ Agency/Regulator		
☐ Community-based organization or nonprofit		
\square Consumer/patient		
☐ Health care payer		
☐ Health care provider		
Researcher		
Student		
☐ Other:		
I would like to receive the following file(s):		
\square Adolescent Mental Health and/or Depression Screening, 2015		
Asthma Education and Self-Management – Adult, 2015		
Asthma Education and Self-Management – Child, 2015		
☐ Colorectal Cancer Screening, 2015		
☐ Depression Remission at 6 Months, 2015		
Optimal Asthma Control – Adult, 2015		
Optimal Asthma Control – Child, 2015		
Optimal Diabetes Care, 2015		
Optimal Vascular Care, 2015		
Pediatric Overweight Counseling 2015		

QUALITY REPORTING SYSTEM PUBLIC USE FILE: REQUEST FORM

I would like to receive the files in the following format (select one):		
☐ Excel file		
\square CSV (comma separated value) file		
Quality Reporting and Measurement System	H) is pleased to provide the Minnesota Statewide in Public Use Files (Quality Reporting System PUFs), cost. These PUFs are intended to provide summary is.	
In accepting the PUFs, I acknowledge the fo	llowing:	
 Before submitting this request, I read the documentation about the PUFs posted on the MDH website. I accept the data files as presented, understanding that the source files and the PUFs are accurate representations of the information that data submitters provide to the Quality Reporting System. I understand that I am solely responsible for any data manipulations, analysis, displays, and interpretation of the data. 		
(check box) res, i understand this bis	Scidiffer.	
When reporting findings, please cite the da	ta as follows:	
 Minnesota Statewide Quality Rep File, Minnesota Department of H 	porting and Measurement System Public Use ealth, 2015.	
Please return this completed form via emai Health:	l or postal mail to the Minnesota Department of	
Email: health.sqrms@state.mn.us	Mailing address:	
	Minnesota Department of Health Health Economics Program PO Box 64882 Saint Paul, MN 551164-0882	