Disclaimer: Guidelines in this document are subject to change, as these imaging requests are a relatively new process.

A Guide to the Data Broker Services Request Form for UHealth Image Requests

Research Privacy and Data Broker Services
OFFICE OF RESEARCH + SCHOLARSHIP | UNIVERSITY OF MIAMI

Contents

Office of Research and Scholarship-Research Privacy and Data Broker Services

The Data Broker program serves as an independent intermediary between the clinical enterprise and requesters of clinical data, primarily the Research Community, but also increasingly facilitates Business/Finance decision-making, Healthcare Operations, Quality Improvement, and other business needs for the University/UHealth/Miller School of Medicine. Please visit our website for more information Research Privacy and Data Brokers and our Data Handling Guidelines

Research Privacy–Data Broker Services collaborates with the UHealth Radiology Film Library and the UHealth IT team to oversee image requests associated with an IRB Study ID number. While Research Privacy–Data Broker Services facilitates the request process, the technical extraction of images from the UHealth PACS systems is performed by either the UHealth Radiology Film Library or the UHealth IT team.

Data Broker Services Request Form

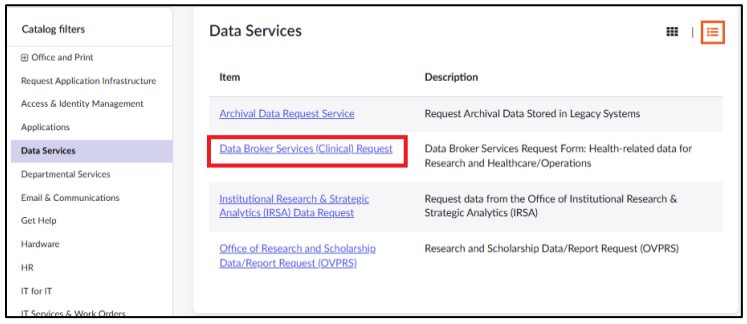
The Data Broker Services Request form is used by the Data Brokers Services to review requests related to Clinical Data. Generally, when a Request form is submitted, a ticket is created and is routed to the Data Broker for review. Once the request has been reviewed and approved by the Data Broker, the ticket will be routed to the appropriate UHealth Radiology Film Library team or UHealth IT team for fulfillment.

Please note the response time for actual extraction of the data from the applicable team fulfilling the request relies on a variety of factors, including the complexity of the request, the current volume of tickets already in the queue, availability of resources, and other concurrent projects that team may have at any given moment.

All tickets are housed within the UHealth IT Service Now platform and serve to document the request, including who made the request, the stated reason/purpose/justification for the request and the criteria for the data extract/report etc. This is important for a variety of reasons including data security, privacy, and compliance.

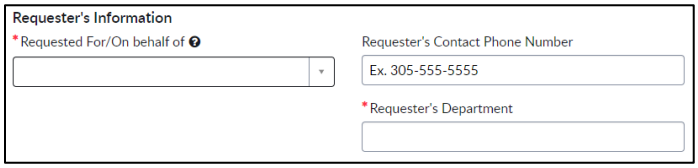
Accessing the Data Broker Services Request Form

1. Go to UHealth IT UService (ServiceNow) Portal -Employee Service Center (https://uhealth.service-now.com/esc) Catalog filters.
2. Under the section 'Data Services' or 'Research Access & Support', select 'Data Broker Services (Clinical) Request.'

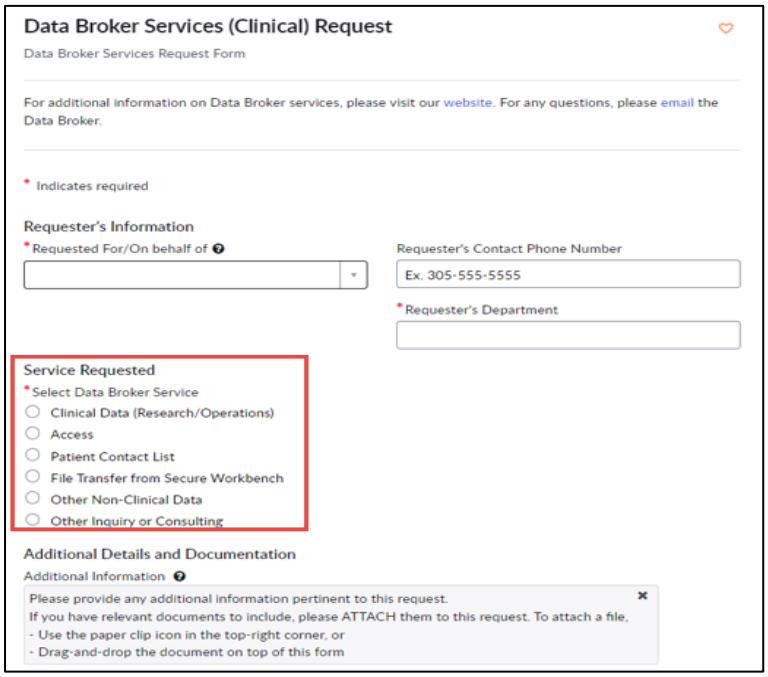


How to Complete the Data Broker Services Request Form

- **Requester's Information**
  - Requested For/On behalf of (**Mandatory Field**)
    - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.
    - The individual whose name is in this field will receive email notifications regarding this request from the Data Broker, either the UHealth Radiology Film Library or UHealth IT as well as the Service Now platform.
  - Requester's Contact Phone Number
    - Best contact phone number during standard business hours.
  - Requester's Department (**Mandatory Field**)
    - Department/Division/Business Unit of the requester

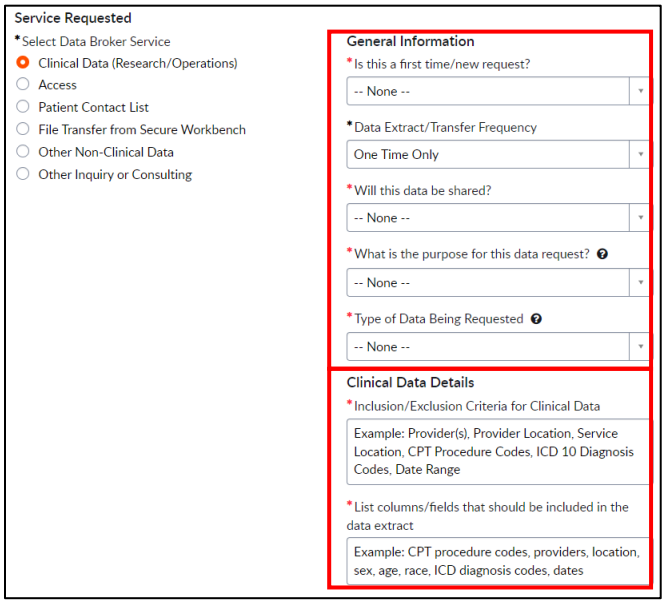


- The form currently has six different request types (see below).
  - For requesting images for research purposes associated with an approved IRB Study ID, select **Clinical Data (Research/Operations)**.

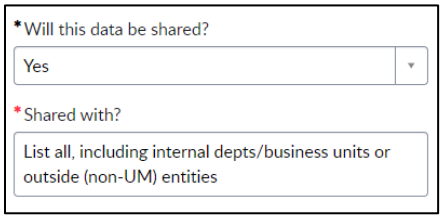


Clinical Data (Research/Operations)

- Once selected, two new sections will appear called ‘General Information’ and ‘Clinical Data Details’

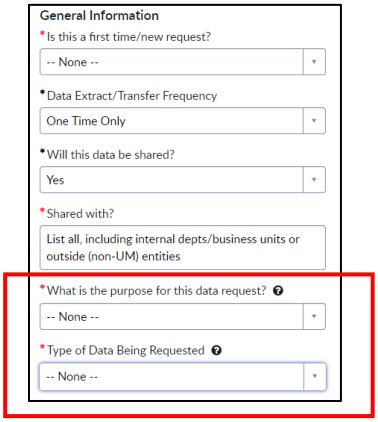


- **<u>General Information</u>**
  - <u>Is this a first time/new request?</u> (**Mandatory Field**)
    - Select ‘Yes’ if this is a first time or new request.
  - <u>Data Extract Frequency</u> (**Mandatory Field**)
    - Select the frequency which the data extract is needed. Most frequent choice is “one time only”.
  - <u>Will this data be shared?</u> (**Mandatory Field**)
    - Select ‘Yes’ if data will be shared outside of the requester’s area or it will be shared externally, list ALL the recipients (internal business units, departments or external i.e., non-UM entities) in the ‘Shared with?’ box.
    - It should be noted that in most cases, there needs to be some sort of agreement in place, particularly if identifiable or other sensitive data is being shared, especially relevant for external entities.



  - <u>What is the purpose for this data request?</u> (**Mandatory Field**)
    - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, and Other.
      - Select *Research*
        - Associated IRB Study ID number (**Mandatory Field**)

- Type of Data Being Requested (**Mandatory Field**)
  - Choose the type of data being requested.
    - De-Identified Data Set (no direct identifiers, no full dates, etc.)
    - Limited Data Set (no direct identifiers (NO names or MRN etc.), dates, zip code allowed)
    - Individually Identifiable Health Data (PHI) (includes names, MRN, dates, etc.).

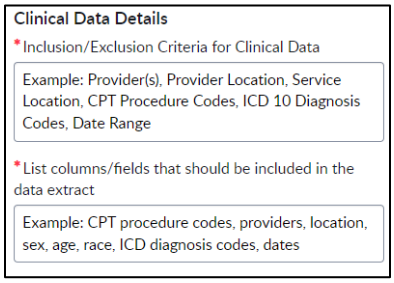


- **Clinical Data Details**
  - Inclusion/Exclusion Criteria for Clinical Data **Mandatory Field**)
    - Examples of common inclusion/exclusion criteria for image requests are:

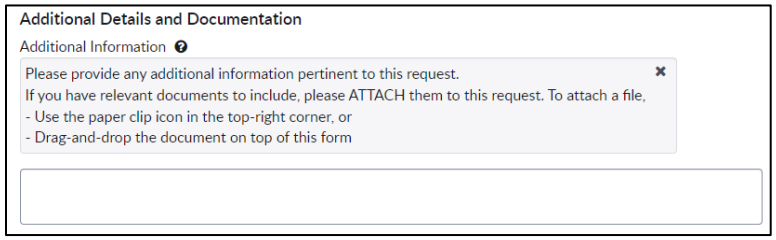
Individual/Multiple Patient (<25 Patients)	**Bulk Patient Requests (>25 Patients)**
1. IRB # 2. Purpose 3. Patient Part of study (Y/N) 4. What is the reason for requesting the patient's image? 5. IRB waiver of consent(Y/N) 6. Type of Data: De-Identified, Individually Identifiable Health data (PHI) 7. Image Type: MRI, CT, PET, XR 8. Date of Image 9. Patient Identifier/Patient MRN 10. Total Patient Count: 11. Total Image count for each patient: 12. Attach relevant document: Sponsor /EDC Request 13. Attach Notification sent to PI 14. Image Delivery Type: Physical CD or UM Box folder 15. If Image delivery is UM Box, provide the Box folder path	1. IRB # 2. Purpose 3. Patient Part of study (Y/N) 4. What is the reason for requesting the patient's image? 5. IRB waiver of consent(Y/N) 6. Type of Data: De-Identified, Individually Identifiable Health data (PHI) 7. Image Type: MRI, CT, PET, XR 8. Date of Image 9. Patients Accession number/Patient MRN 10. Total Patients Count: 11. Total Images count: 12. Image Media: Electronic Image 13. Attach relevant document: Sponsor /EDC Request 14. Attach Notification sent to PI. 15. Attach list of bulk patient list to request
Requests for individual or multiple patients (fewer than 25) are processed by the UHealth Radiology Film Library, with delivery options including either physical CDs or image uploads to a UM Box folder.	*Bulk patient requests (more than 25) are managed by UHealth IT. Delivery is facilitated via UM File Share—requiring submission of a separate ServiceNow form to establish a file share—or through UM Box*

    - Example of details to enter in the Inclusion/Exclusion Criteria
      - **Sponsor**: Sebastian
      - **IRB Study ID**: 2021xxxx).
      - **Purpose**: De-Identified CT scan needs to be uploaded to sponsor portal
      - **Patient Name**: Bruce Banner, **Patient MRN**:8675309
      - **Image**: CT CAP, **Date for Image**: 04/01/2026

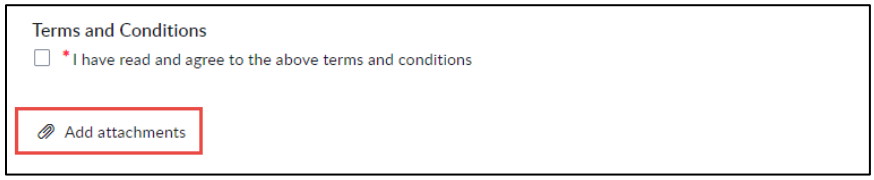
        - **Box Location**: CRS>Lennar> Images.
    - List Columns/Fields that should be included in the data extract (**Mandatory Field**)
        - Examples of output data criteria are:
            - De-Identified Data DICOM Image: [MRI, PET, CT]
            - Delivery Method: [via either CD or electronic delivery]
              NOTE: Electronic Delivery varies based on request requirements.
            - Place images in UM Box path: [provide box path for electronic delivery]



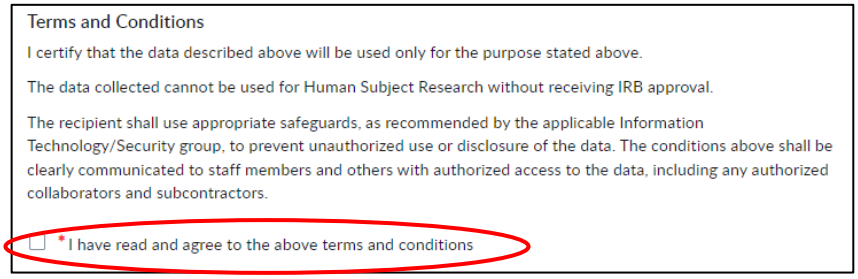
- **<u>Additional Details and Documentation</u>**
    - Provide any other additional information that may be relevant to the request.



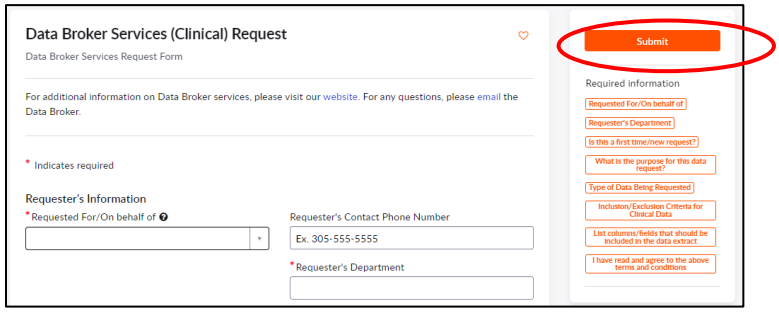
    - If there are any documents to attach to the request, use the paper clip in the bottom left corner of the request form to upload.



- **<u>Terms and Conditions</u>**
    - Read and agree to the Terms and Conditions of the Data Broker Services Request form.
    - To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)



- **<u>Submit Data Broker Service Request form for Clinical Data (Operations/Research)</u>**
    - Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.



ServiceNow Email Notification

Once the request has been submitted (i.e., 'Submit Order' has been clicked). An email notification will be sent to the individual whose name is in the 'Requested For/On behalf of' field. The notification will contain the related ticket number.

Email notification from IT Service Desk [uhealth@service-now.com]