

PDTS Data Report Request Form

DHA Pharmacy Operations Division – South
DHA Pharmacy Analytics Support Section (PASS)

<http://www.health.mil/PDTS Report Request>

The Pharmacy Data Transaction Service (PDTS) reports function is constantly evolving and as we continue to find new applications for the data collected by PDTS, the reports function will be modified to meet those demands. Therefore, to ensure the PASS provides its customers with accurate and timely information, the PDTS Report Request Form must be completed prior to the release of this information. This form represents a formal request for information and serves as a surrogate “Data Use Agreement”.

PDTS offers a selection of standardized reports and there is the capability to customize a report through the Ad Hoc option. In both report formats, you can vary the population from which the data is drawn, the time frame the report is to cover and have the data age stratified. However, only in the Ad Hoc option can you choose a variety of data elements that will allow you to vary the output in your report. A list of the standard reports currently available at [Standard Report Listing](#). All reports pull information from a central data warehouse that is updated on a daily basis.

The report request form still needs to be completed offline. Once the request has been received, a reply email will be sent to acknowledge receipt of the request. If there are questions concerning the request, you will be contacted by phone or email for clarification. Completed reports will be sent to the requester via email. If the output contains proprietary or protected health information, the email will be encrypted.

For assistance completing this form or any other related information, email dha.jbsa.pharmacy-ops.mbx.pass-dmt@mail.mil or call the PASS at 1-866-275-4732 or (210) 536-6650 and ask for a Data Management team member.

****Please do not send PHI/PII (member SSN, DEERS ID, member name, etc.) on the request form. A member of the Data Management team will contact you to obtain information.**

Individual Requesting Report

Name:	
E-mail Address:	
Phone Number:	
Title:	
Site/Company:	
Digital Signature:	

Report Parameters

Date Requested:	
Date Required:	
Reference:	PDTs Standard Reports Library
Type of Report:	Ad Hoc Standard Report
Date Range:	

Population Data Pulled From (Select All that Apply)

DoD (includes Mail Order, MTF, and Retail)
Selected Service Category: Mail MTF Retail VA CHDR
Catchment Area (Specify):
MTF (Specify):
Other:

Report Description:	
Justification:	

****E-mail completed request form to: dha.jbsa.pharmacy-ops.mbx.pass-dmt@mail.mil**

NOTICE:

The requester acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) or Health Insurance Portability and Accountability Act of 1996 may apply if it is determined that the requester, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Further, the requester acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641, which provides that if it is determined that the requester, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted, they shall be fined under Title 18, imprisoned not more than 10 years, or both. In addition, the requester and any individual employed or affiliated therewith may be subject to civil suit under the Privacy Act for damages which occur as a result of willful or intentional actions which violate an individual's rights under the Privacy Act or Health Insurance Portability and Accountability Act of 1996.