

OFFICE OF HEALTHCARE STATISTICS
EXTENSION REQUEST FOR DATA REPORTING
 For Hospital Inpatient, Outpatient, ASTC & ODC discharges reporting

I. Person completing form

Date of Request		Original		Re-Submission	
Name					
Job Title					
Telephone Number				Fax Number	
Contact Email					
Administrator/CEO Name					
Administrator Email				Phone Number	

Please include Area Codes for Phone & Fax Numbers

II. Reason for request

III. Data Information

Reporting Data through	HDDS		PRN		THA		System13	
Data Quarter & Year	1st		2nd		3rd		4th	Year
Original Data Due Date	<i>This is the original date data is to be submitted.</i>							
Discharge Type	Inpatient		Outpatient		ASTC		ODC	

IV. Facility Information

Facility Name	JARID

(For additional facilities use another sheet)

STOP HERE! Do not write below. This is for TDH response only.

Days Granted	Date Due

Please E-Mail or Fax this completed sheet to Healthcare Statistics by or before Data Due Date	
Email: Healthcare.Statistics@tn.gov	Fax: 615-253-5187

The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.