



Center for Health Care Evaluation

AUSTIN PROJECT FORM



Name	PI Name
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Date	Project Name
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Research Question

Files to be accessed in AUSTIN

Out patient	Inpatient Data	<i>Extended Care</i>
SF (Visit)	<i>Non-Extended Care</i>	XM (Main) XB (Bedsection)
SE (Event)	PM (Main) PB (Bedsection)	XS (Surgery) XP (Procedure)
	PS (Surgery) PP (Procedure)	<i>Observation</i>
		PMO (Main) PBO (Bedsection)

Other, please specify

Are we looking for Unique patients? Yes No

Necessary Variables

Station Information

National VISN(s) Station Sub-station

Dates in Question from month, FY to month, FY

Name of Run file	Name of Library
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Out file location

Description of Out file (if needed)

Special Notes