

INFORMATION/REQUEST FORM

INFORMATION for the SURVEY ON PATIENT SAFETY CULTURE

Name: _____ Date: _____
Title: _____ Phone: _____
Email: _____
Organization: _____

I am interested in the Missouri Center for Patient Safety conducting the AHRQ **Survey on Patient Safety** at my hospital beginning on the following date(s):

- April 2, 2012 (deadline to submit request: March 7, 2012)
- July 2, 2012 (deadline to submit request: June 6, 2012)
- October 1, 2012 (deadline to submit request: September 5, 2012)
- January 7, 2013 (deadline to submit request: December 5, 2012)
- April 1, 2013 (deadline to submit request: March 6, 2013)

I am interested in conducting the survey in the following areas:

- Hospital-wide
- Departments/Units: _____
(No. of departments/units)
- Medical Staff Offices: _____
(No. of offices)

I understand that completion and delivery of this document does not create a formal agreement. I understand I will be contacted by a staff member of the Missouri Center for Patient Safety in order to discuss proceeding with the Survey on Patient Safety at my hospital and to provide additional information. A contract will be created to finalize the agreement.

(Initials)

FAX or EMAIL completed form to: ALEX CHRISTGEN
FAX - **573.636.8608** EMAIL - **achristgen@mocps.org**