Exhibit A

MAINE HEALTH DATA ORGANIZATION
DATA REQUEST FORM
DATA REQUEST NUMBER 511135

DATE OF REQUEST: April 10, 2013

REQUESTING PARTY: James P. Rhudy, University of Alabama, Birmingham; 262 Main Street, Auburn, Maine; jrhudy@uab.edu

CUSTODIAN OF THE DATA: James P. Rhudy

NAME OF ANY ENTITY WITH CONTROLLING INTEREST OVER DATA REQUESTER
(If Applicable):

ULTIMATE RECIPIENT OR USER OF THE DATA: James P. Rhudy

SPECIFIC DATA REQUESTED: 2010 Restricted Maine Hospital Inpatient and Outpatient data

MEDIA ON WHICH THE DATA ARE TO BE DELIVERED: CD

PURPOSE OF REQUEST: The data will be used for dissertation research of in-hospital mortality for those who received care in Maine hospital for ST-segment elevated myocardial infarction. The data findings will be published in ways that are consistent with scholarly pursuit of the public health of the people of Maine.

TERM DURING WHICH THE RESEARCH WILL BE CONDUCTED OR THE DATA WILL BE UTILIZED:

WILL ANY OF THE DATA BE DISPLAYED ON THE INTERNET?   YES   NO

WILL AN INTERNAL REVIEW BOARD BE UTILIZED?   YES   NO

ESTABLISHED CONFIDENTIALITY PROCEDURES:
     Do you or does your organization have established confidentiality procedures in effect?   YES   NO
     If yes, please attach a copy of your confidentiality policy to this form.

YOUR ORGANIZATION IS: FOR-PROFIT   <u>NOT-FOR-PROFIT</u>

COST (Includes a $25.00 Non-refundable Processing Fee): Inpatient $750/Outpatient $1,250
                                                              Total: $2,025.00
                                                              Fee Waiver Requested

Note: Payment is the responsibility of the requesting party and is due within 30 days.
          Please provide the appropriate billing information, if different from the requesting party.

AUTHORIZATION TO PROCEED WITH THIS DATA REQUEST: Please check the appropriate category and sign in the space provided:

(   ) The summary of my request is accurate and no corrections/additions are required.
(   ) I have made some corrections/additions as noted or attached to this document.
(   ) I am withdrawing my request.

_____
                                      James P. Rhudy