

## Foxfire Report Request Form

<b>Request Type:</b>	Circle one	Detail	Summary	Cross-Tab	Labels
<b>Request Name:</b>	SRBFDURA				
<b>Request Description:</b>	Duration of Breastfeeding Infants				

**Data Items (List Data displayed in report):**

Client FID Number
Client Name Combined
Client Date of Birth (DOB)
Cert Date
Infant BF End Date
FP Issue Food Pkg Number
Cert WIC Code

**Filter Criteria (Limits data in report):**

Client Clinic Number	Is	Like	(ask at runtime)
Infant BF End Date	Is	Between	(ask at runtime)
<input checked="" type="checkbox"/> Omit Duplicates			

**Sort/Group (Sets order of data in report):**

Client FID (Group)

<b>Output Details</b>	Destination of report	Circle one	Printer	Screen	File
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**Layout Options of Report:**

Suppress repeat values	Number of columns
Number of Lines per Detail (single/double spacing)	Number of lines
Number of Spaces between columns	Number of spaces

**Updated 06/22/11**