



# Trauma Registry Data Request Form



Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Request Initiated: \_\_\_\_\_

Request Due Date: \_\_\_\_\_

(Due to the volume of requests, a minimum of 60 day turnaround is required)

Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility/Affiliation: \_\_\_\_\_ Applicable Sponsor: \_\_\_\_\_

Define Reason for Data Request:

---

---

---

---

Describe Purpose for Data Request:

---

---

---

---

Is there any projection for the data to be used in any form of publication?\*

YES  NO

If yes, please describe:

---

---

---

Will the data be used in research?

YES  NO

Data Date Range: \_\_\_\_\_

Date range based on Hospital Arrival or Hospital Discharge \_\_\_\_\_

Data Age Group Range(s): \_\_\_\_\_

Data Facility Designation Level(s): \_\_\_\_\_



# Trauma Registry Data Request Form



### Demographic Information

- Patients Home Zip Code
- Patients Home Country
- Patients Home State
- Patients Home County
- Patients Home City
- Age
- Age Units
- Race
- Sex

### Injury Information

- Injury Incident Date
- Injury Incident Time
- Work Related
- ICD10 Primary External Cause Code
- ICD10 Place of Occurrence External Cause Code
- Incident Location Zip Code
- Incident County
- Incident City
- Protective Devices
- Child Specific Restraint
- Airbag Deployment
- Tourniquet Use

### Pre Hospital Information

- EMS Dispatch Date
- EMS Dispatch Time
- EMS Arrival Date
- EMS Arrival Time
- EMS Departure Date
- EMS Departure Time
- Transport Mode
- Initial Field Systolic Blood Pressure
- Initial Field Pulse Rate
- Initial Field Respiratory Rate
- Initial Field Oxygen Saturation
- Initial Field GCS Total
- Inter-Facility Transfer
- Trauma Center Criteria
- Vehicular, Pedestrian, Other Risk Injury
- Pre-Hospital Cardiac Arrest

### Emergency Department Information

- ED/Hospital Arrival Date
- ED/Hospital Arrival Time
- Initial Systolic Blood Pressure
- Initial Pulse Rate
- Initial Temperature
- Initial Respiratory Rate
- Initial Respiratory Assistance
- Initial Oxygen Saturation
- Initial GCS Total
- Alcohol Screen
- Alcohol Results
- Drug Screen
- ED Discharge Disposition
- Signs of Life
- ED Discharge Date
- ED Discharge Time

### Hospital Information

- ICD10 Hospital Procedures
- Co-Morbid Conditions
- ICD10 Injury Diagnoses
- AIS Predot Code
- AIS Severity
- Total ICU Length of Stay
- Total Ventilator Days
- Hospital Discharge Date
- Hospital Discharge Time
- Hospital Discharge Disposition
- Primary Method of Payment
- Hospital Complications
- TQIP TBI Inclusion
- TQIP HC Inclusion
- TQIP VTE Inclusion
- TQIP WC Inclusion
- TQIP Antibiotic

Describe desired data not included in above:

---

---

---

---

---

---

---

---

---

---



# Trauma Registry Data Request Form



Records shall be destroyed or returned to the SETRAC upon completion of the work described in the application. The Data User agrees to send SETRAC written notification that the data has been destroyed or returned within 30 days of the completion of work described in the application unless SETRAC administration provides a specific date for destruction or return.

No trauma registry data that is released from the SETRAC Trauma Registry will be published or disseminated for public release in any form without the expressed written consent of SETRAC administration.

The purpose and release of SETRAC trauma registry data is intended strictly for Performance Improvement purposes and to better the quality of care provided to trauma patients within the SETRAC region.

I hereby agree to the above statements.

\_\_\_\_\_  
Data Requester Printed Name

\_\_\_\_\_  
Requester Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Requesting Entity's Authorization Name

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
SETRAC Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
SETRAC Trauma/Data Chair

\_\_\_\_\_  
Date

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_