



**PTOS DATA REQUEST FOR ACCREDITED TRAUMA CENTERS
FOR NON RESEARCH STUDY USE**

Please complete this form so that PTSF can understand your data request needs and prioritize them appropriately. Requests will be processed in the order in which they are received and according to staff availability. PTSF reserves the right to deny data requests if there is any risk that the identity of a trauma center other than the one requesting the data may be revealed or if the volume of the data request exceeds PTSF staffing availability. Please contact Nathan McWilliams with any questions at 717-697-5512.

To avoid frequent requests please adhere to the following rules:

- Be concise regarding the time period of data requested: i.e. 2004, 2005 etc.
- Specify the population you wish to query on including age, injury, and demographics. (For example: deaths with ISS > 10 for 2003 and 2004)

CONTACT INFORMATION

DATE: _____

NAME OF PRINCIPAL CONTACT: _____

TITLE: _____

ORGANIZATION: _____

PHONE NUMBER (Daytime): _____ - _____ - _____

E-MAIL ADDRESS:

DATA REQUEST INFORMATION

REASON FOR DATA REQUEST:

TIME PERIOD:

PATIENT POPULATION:

LIST OF DATA ELEMENTS NEEDED: