



Data Request Form

Date of request

Requestor Details

First name Last name

Phone Email

Position Organisation

Are you a student? Yes No If yes, what degree

Supervisor name and contact number

Project Details

Short title of data request

Please provide a short description of your project below, and please attach a comprehensive protocol to your application.

Who are your collaborating researchers?

What are you intending to do with this research? If you are intending to publish, which journal or other format?

I understand this data cannot be shared to other parties. I agree that any distribution of data or publications resulting from this data will not be released without prior written approval by the NZTR Data Governance Group.



Data Request Form

Data Required:

Date Range

From:

To:

Please tick the data points that you require for your study

Definitive Care Hospital	Date & Time of Observations at Referring Hospital
Incident number	Date & Time of Departure from Referring Hospital
Encrypted National Health Index	Mode of Transport to Definitive Care Hospital
Non-encrypted National Health Index	Date & Time of Observations at Definitive Care Hospital
Patient first and last name	Definitive Care Hospital Pulse
Date of birth	Definitive Care Hospital Systolic BP
Age	Definitive Care Hospital Respiratory Rate
Sex	Definitive Care Hospital Temperature
Ethnicity	Definitive Care Hospital GCS Eye
Weight	Definitive Care Hospital GCS Voice
Date & Time of Injury	Definitive Care Hospital GCS Motor
Injury Cause	Definitive Care Hospital Total GCS
Dominant Injury Type	Definitive Hospital Vital Sign Qualifiers
Place of Injury (Domicile) Code	Trauma Call on arrival
Injury Intent	Blood Alcohol Concentration on Arrival
Place of Injury Occurrence	First Measured Venous Base Excess
Activity Engaged in when Injured	First Measured INR
Injury Event Description	Date & Time Index CT Performed
Safety Devices Used	Discharge Date & Time
Date & Time of Observations at Scene	Disposition After ED
Scene Pulse	Patient Intubated?
Scene Systolic BP	Date & Time Patient Intubated
Scene Spontaneous Respiratory Rate	Emergency Operative Procedures
Scene GCS Eye	Date & Time for Each Emergency Procedure
Scene GCS Voice	AIS Injury Codes
Scene GCS Motor	Injury Severity Score
Scene Total GCS	Number of Hours on Ventilator
Mode of Transport from Scene	Total Length of Stay
Referring Hospitals	Length of ICU Stay
Referring Hospital Pulse	Tertiary survey at Definitive Care
Referring Hospital Systolic BP	Hospital Diagnosis Made >48 hours After Arrival?
Referring Hospital Respiratory Rate	Discharge Destination from Acute Care
Referring Hospital Temperature	Date & Time of Discharge from Definitive Care
Referring Hospital GCS Eye	Type of Death
Referring Hospital GCS Voice	
Referring Hospital GCS Motor	
Referring Hospital Total GCS	
Referring Hospital Vital Sign Qualifiers	



Data Request Form

Data required from all Hospitals? Yes

If no, please specify the region(s)/hospital(s) required:

Is this research funded? Yes No

If yes, who has funded this?

Have you received ethics approval for this research? Yes No

If yes, please attach copy of ethics application and approval. If no, please state why approval was not/will not be obtained.

Security of Data Extracts

Please provide details of the storage of data, including details on location and security of data. And the destruction schedule of the data (anticipated date and method of destruction)

Please advise the method or format you would like the data to be transferred to you securely? (eg. external hard drive, cloud storage)

Privacy

I confirm that I have read and understood the NZTR Data Use Policy and will adhere to its conditions. I confirm I will use the data only for the specific purpose agreed to by the NZTR Data Governance Group:

Signature: _____ Date:

Upon completion of this form please forward it by email to the below address, you will receive an email of receipt and your request will be logged. Once your application has been processed you will receive notification via email regarding the outcome.

help@majortrauma.nz

Approval for Data Release (office use only)

The NZTR Governance Group authorise the use of this data based on the data use policy and Term of Use.

Signature of the CD: _____ Date: