



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:

Note: Please tick the following variables that you require for your study

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



Data Request Form

Data required from all Hospitals?

Yes

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

Is this research funded?

If yes, who has funded this?

Yes

No

Is this project exempt from ethics review as required by HDEC?

Yes

No

Has this project been authorised by the appropriate local or regional locality research committee?

Yes

No

Please attach a copy of all ethics applications and approvals. 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)



Data Request Form

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 (Governance Group Representative): _____

Date: