

**Trauma Registry**

# **Research Request Form**

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| **PURPOSE** |  |  |
|  |  |  |
| **DATE RANGE**(Data available 1994-present)(current database 2001 – present recommended)  | Start: | End: |
| **POPULATION** |  All Patients |  Only Patients with: |
| **REPORT TYPE**(Select fields on reverse) |  S-V Frequency/Totals for each variable |  M-VPatient listing of variables for each patient |
| **REPORT FORMAT** |  Email to: |  |
|  |  |  |
| REGULATIONS GOVERNING RELEASE OF INFORMATION |
| 1. When registry information is used for any publication, exhibit or other presentation, the Trauma Registry of the Interim LSU Public Hospital/Spirit of Charity Trauma Center must be specifically stated to be the source of the data. 2. Please submit a copy of your article/item to the Trauma Registry upon conclusion of your research.3. All patient identifying information must be kept confidential **in accordance with UMCNO Policy Number 5041.** |
| **INVESTIGATOR:**(Also list Attending if Resident) | Signature | Printed Name |
| **Date:** | **Phone:** | **Pager:** |
| **All requests for data must be approved by the Trauma Program Director or appropriate designee.** |
|  Approval Granted |  Request rejected due to: |
|  |  |  |
| Trauma Program Director |  | Date |
|  |  |  |
| Fax To: (504)702-2120 Attention Vicki |  |  |
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