

**Trauma Registry**

# **Research Request Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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-V  Patient 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 | | | |  | | | | | | |  |
|  | | | |  | | |  | | | | |
|  | | | |  | | |  | | | | |