

## TRAUMA DATA QUARTERLY SUBMISSION FORM

This form must be submitted with all Arizona State Trauma Registry data submissions.

**Arizona Department of Health Services**  
**Bureau of EMS & Trauma System**  
**Attn: Trauma Data Administrator**  
**150 N. 18<sup>th</sup> Avenue, Suite 540**  
**Phoenix, AZ 85007-3248**  
**Phone: (480)-601-4615 Fax: (602) 364-3568**

### REPORTING FACILITY INFORMATION

Facility Name:

Facility Address:

### DATA SUBMISSION INFORMATION

Date Submission Sent to Arizona State Trauma Registry (ASTR):

<b>Reporting Quarter</b>	ASTR Quarter	1	2	3	4	Year
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Item Description</b>	File Name(s) Ex: tast20080101123401.zip					
	Number of Records for the Quarter					
If any previous quarter updates are included in your submission record the number of corrected records.	Number of corrected records					
<b>Case Date Range Applied to this Data Submission</b>	<b>ED/Hospital Arrival Dates</b> (Do <u>not</u> run based on Admit Date.)	Through				

### REPORTING FACILITY TRAUMA REGISTRY STAFF INFORMATION

Contact Name:	Phone:
Title:	Fax:
	Email:

\*Note: Trauma Registry Manager will send a signed form to the facility contact as confirmation of data receipt.

### THIS SECTION TO BE COMPLETED BY ARIZONA STATE TRAUMA REGISTRY STAFF

Print Name: Carissa Wilson Title: Trauma Data Administrator

Signature: \_\_\_\_\_

Date Received by ASTR:

### SPECIAL INSTRUCTIONS OR COMMENTS

Quarterly data submission rules can be found in Article 13 at R-9-25-1308 (C) of the Arizona Trauma Rules