ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA STATE TRAUMA REGISTRY DATA REQUEST FORM

Mail or fax completed form attention to:

Arizona Department of Health Services
Bureau of EMS & Trauma System
Attn: Data and QA Section Chief
150 N. 18th Avenue, Suite 540
Phoenix, AZ 85007-3248

Phone: (602) 364-3189
Fax: (602) 364-3568

Date of request:	Date report requested by:

REQUESTOR'S INFORMATION	
Requestor's Name:	Title:
Requesting Agency:	Phone:
Address:	Fax:
	Email:

TYPE OF INFORMATION REQUESTED

Data Elements/Report Requested - **Using the ASTR Data Dictionary, please list all ASTR data elements being requested** *(attach additional pages as needed):*

Date Range Requested (ED/Hospital Arrival months/years):

Preferred Method of Receipt: ☐ Mail   ☐ Fax   ☐ Secure Email   ☐ Secure FTP (Reporting Hospital)   ☐ Other

Purpose of Data Request *(attach additional pages as needed)*:

Intended Use of Report *(attach additional pages as needed)*:

Signature of Requestor:

For ASTR Use Only:

Date request received:	Requestor Type: ☐ Hospital Researcher ☐ University Researcher ☐ Media ☐ ADHS ☐ Other Gov't Agency ☐ Public Request ☐ Other

Data requested: ☐ Non-confidential Aggregate ☐ Non-confidential Patient Level ☐ Confidential Patient Level

Request approved by Bureau of EMS & Trauma System (BEMSTS): ☐ Yes   ☐ No
If not, reason for disapproval:

Does this request require ADHS HSRB approval? ☐ Yes ☐ No   If yes, request was: ☐ Approved   ☐ Denied

BEMSTS Data & Quality Assurance Section Chief signature:

BEMSTS Trauma Section Chief signature:

Report prepared by:	Date report sent to requestor: