

**North Carolina Trauma Registry  
Scientific Data Request  
Application for Data from the North Carolina Trauma Registry  
NC Office of Emergency Medical Services**

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Project Title:

Principal Investigator:

Title:

Institution:

Address:

Telephone:

Email:

Trauma Medical Director:

Institution:

I, the undersigned, agree not to submit for publication or publicly present data provided from the North Carolina Trauma Registry without prior approval by the publications committee, and to guard the confidentiality of any data provided to us by the North Carolina Trauma Registry. I further acknowledge that I have read and understand the NCTR Data Use Procedures document (<http://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html>).

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: Failure to complete all sections will result in form being returned

1. Project Description (one sentence):
2. Hypothesis:
3. Methods (steps involved in project, required analysis):
4. Literature Review (synopsis of key articles, last 5 years):

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5. References (from literature):
  
6. Significance (how this review may contribute to the literature):
  
7. Co-Investigators (include titles/areas of expertise):
  
8. Time Frame of Data Requested (Jan 2013-present only):  

From: [Click here to enter a date.](#) To: [Click here to enter a date.](#)
  
9. List data points known to be needed:
  
10. List specific analyses requested (if not included in methodology):

Preferred Format:

- Electronic database records – for investigator’s analysis
- Aggregate – data analyzed by NCTR personnel

Complete form may be submitted electronically via email to the attention of:

Amy Douglas, RN  
Trauma Manager  
NC Office of Emergency Medical Services  
2707 Mail Service Center  
Raleigh, NC 27699-2707  
[amy.douglas@dhhs.nc.gov](mailto:amy.douglas@dhhs.nc.gov)  
Phone: 919.855.3953  
Fax: 919-733-7021

NCTR use only  
Date Received \_\_\_\_\_  
Date Completed \_\_\_\_\_