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

Individual requesting information:
Name: **Institution:**
Phone:
Email:
Date of request:
Purpose of inquiry:

Information requested: Identify datapoints to be used and criteria for selecting patients, and provide shell tables to be completed by NC Trauma Data Analyst.

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By: Sharon Schiro, PhD

Criteria:

1.

Submit electronically to:
Amy Douglas
amy.douglas@dhhs.nc.gov