**Bi-national Trauma Minimum Dataset (BNTMDS)**

**Feedback/Request for Change Form**

**Please complete Part A and Part B of the form ONLY**

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| **PART A** |
| **First Name** | Click here to enter text. | **Last Name** | Click here to enter text. |
| **Phone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Organisation** | Click here to enter text. |

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| **PART B** |
| **Existing Data Point** |[ ]  **New Data Point** |[ ]
| **Data Point Name***Current or proposed new name* |  |
| **Comment***Please provide feedback regarding the specific data item.**Indicate what are the issues or problems with the current data point or**How the new data point will address any gaps in the trauma data or improve the reporting capabilities* |  |
| **Rationale for Removal, Change or Addition***Please provide clear concise reasons for the removal, change or addition to the current dataset indicating the value added.**Reference any evidence if available.* |  |  |  |

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| **PART C (OFFICE USE ONLY)** |
| Form ID: | Click here to enter text. |
| Received By: | Click here to enter text. |
| Date Received: | Click here to enter a date. |
| BNTMDS Working Group Review Date: | Click here to enter a date. |
| BNTMDS Working Group Approval | Yes [ ]  | No [ ]  |
| BNTMDS Working Group Decision Rationale | Click here to enter text. |
| Steering Committee Endorsement | Yes [ ]  | No [ ]  |
| Steering Committee Decision Rationale | Click here to enter text. |
| Original Requestor Informed of Decision | Yes [ ]  | No [ ]  |
| Original Requestor Informed Date | Click here to enter a date. |

**Send completed forms to:**

Ancelin McKimmie

ANZTR Manager

Email: ancelin.mckimmie@monash.edu