Data Request Form

All requests for ANZTR data are subject to the conditions of the *ANZTR Data Use Policy*. Please ensure you have read and comply with the terms and conditions throughout the data use process. Please complete PARTS A, B and C of this form before submitting, with the signed *Data Use Policy*, to the ANZTR Manager: ancelin.mckimmie@monash.edu.au

 PART A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Details |  |  |  |  |
|  |  |
| First Name |  | Last Name |  |
| Position |  |
| Department |  |
| Organisation/Affiliation |  |
| Phone |  | Email: |  |
| Are you a student? |  |
| If YES, degree enrolled? |  |
| Name/contact Supervisor |  |

1. Reason for request

Quality improvement ☐

Research ☐

Audit ☐

Other ☐

Details if other: …………………………………………………………………………………….

1. Please provide title of your project
2. Please provide a short description of your project (max. 300 words)
3. Ethics Approval

Researchers requiring data for research purposes and from multiple ANZTR sites will require low risk ethics approval from their own organisation’s HREC department. If the project is approved by the ANZTR Board, a letter of approval will be provided to the researcher. The researcher can then apply for ethics from their HREC department. Written ethics approval will be required by the ANZTR Manager prior to access to ANZTR data.

Is data to be used for research purposes?

Yes ☐

No ☐

N/A ☐

If YES, please submit the data request form and signed data use policy to the ANZTR Manager. Once ANZTR Board approval is provided, you can seek low risk ethics approval from your HREC department and then provide the written approval to the ANZTR Manager.

If NO, please provide an explanation, e.g. contributing site access own data vs aggregate data for audit.

1. Data Access/Affiliate Appointment

Do you require the ANZTR to provide summary data for your research?

Yes ☐

No, I require access to the dataset ☐

Are you a Monash employee/affiliate?

Yes ☐

No ☐

N/A ☐

If NO, please provide the following information per researcher who will access the data (please copy and paste for each person). Permission is not granted for researchers to share access – each researcher must have their own login details and affiliation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Affiliate Details |  |  |  |  |
|  |  |
| First Name |  | Last Name |  |
| Address |  |
| DOB |  | Email |  |
| Mobile Phone |  |
| Reason for affiliation | ANZTR Data Request |
| Cost Centre and Fund: | M15004/3260509 |

1. Fees

All data extractions, basic tabulations, summaries and analyses provided may incur a fee as per the Fees Policy. Please read and sign as instructed.

1. Declaration by Researchers and Research Coordinators

I/We, the requestor(s):

|  |  |
| --- | --- |
| Have read, understood and agreed with the *Data Use Policy*, including Terms of Use, Access Guidelines and Acknowledgments and Authorship. | ☐ |
| Have provided, or will provide as soon as is available, written ethics approval (if required) | ☐ |
| Have referred to the Outlier Policy if any of my analysis has fallen outside confidence intervals | ☐ |
| Will only use the data provided for the purpose for which this request has been approved | ☐ |
| Will only grant access to data by authorised persons (as stated under point 5) | ☐ |
| Have completed Parts A, B, & C of the data request form and have only selected data variables relevant to my research, as defined by the bi-national data dictionary | ☐ |
| Will cite the Australia New Zealand Trauma Registry as the source of data in all publications and presentations of data, as per the *Data Use Policy* | ☐ |
| Will provide the Australia New Zealand Trauma Registry with any material that uses the data prior to any publication for ANZTR Board approval | ☐ |
| Will provide the Australia New Zealand Trauma Registry with any final material that uses the ANZTR data for record keeping purposes | ☐ |
| Agree to an audit if requested by the Australia New Zealand Trauma Registry | ☐ |

Principal researcher (please print name): ……………………………………………………………………….

Signature: …………………………………………………. Date: …………………………………….

Other researcher (please print name): ……………………………………………………………………………

Signature: …………………………………………………. Date: …………………………………….

Please return the completed Data Request Form, signed Date Use Policy, signed Fees Policy (if applicable) and other relevant documents by email to:

Ancelin McKimmie, ANZTR Manager

Email: ancelin.mckimmie@monash.edu

For further information and enquiries:

Telephone: (03) 9903 0143

Email: ancelin.mckimmie@monash.edu

PART B Dataset Selection Criteria – Specific Filters

Please tick and/or specify filters. Available is Australian data with dates of injury from 1 July 2015 and New Zealand data with dates of injury from 1 July 2017.

|  |  |
| --- | --- |
| Selection Criteria  | Specify |
| Injury Date Rangee.g. All, calendar year, financial year, specific timeframe | All [ ] Specify:  |
| Ages, Age ranges (please specify)e.g. All, Elderly >65yrs, children aged 0-5 yrs | All [ ] Specify:  |
| Sexe.g. All, male, female | All [ ] Specify:  |
| Injury cause/se.g. All, firearms; motorcyclists; specified ICD10 external cause codes | All [ ] Specify:  |
| Health Services e.g. All, Australia or New Zealand ONLY, specific site/s | All [ ] Specify:  |
| Injuries (as per AIS coding)e.g. All, any code in head region 1NNNNN.N; chest injuries with severity 6 (unsurvivable) = 4NNNNN.6) | All [ ] Specify:  |

PART C BNTMDS Variables (Please tick all required)

|  |
| --- |
| Bi-National Trauma Minimum Dataset (BNTMDS) Data Dictionary Version 1.51 September 2018, see [here](https://atr.org.au/data-set) for dictionary for clarification of variables and definitions. Listed below are all the variables in the minimum dataset – please only select those required as you will be asked why you have made your selection, particularly if it does not match with the description of your project in PART A. \* Institution ID will be only be provided if approved.  |
| Variable | Dictionary Ref. | Required |
| Institution | 1.01\* |[ ]
| Age | 2.02 |[ ]
| Sex | 2.03 |[ ]
| Pre-injury comorbidities | 2.04 |[ ]
| Date & time of injury | 3.01 |[ ]
| Injury cause | 3.02 |[ ]
| Injury type | 3.03 |[ ]
| Postcode | 3.04 |[ ]
| Injury intent | 3.05 |[ ]
| Place of injury occurrence | 3.06 |[ ]
| Activity engaged in when injured | 3.07 |[ ]
| Injury event description | 3.08 |[ ]
| Safety devices used | 3.09 |[ ]
| Mode of transport from scene | 4.01 |[ ]
| Date & time of ambulance arrival at patient | 4.02 |[ ]
| Transfer from other hospital | 4.03 |[ ]
| Date & time of arrival at referring hospital | 4.05 |[ ]
| Date & time of departure from referring hospital | 4.06 |[ ]
| Mode of transport from referring hospital to definitive care hospital | 4.07 |[ ]
| Pre-hospital blood transfusion | 4.08 |[ ]
| Pre-hospital CPR | 4.09 |[ ]
| Pre-hospital cardiac arrest | 4.10 |[ ]
| First pulse | 4.11 |[ ]
| First systolic BP | 4.12 |[ ]
| First spontaneous respiratory rate | 4.13 |[ ]
| First temperature | 4.14 |[ ]
| First GCS eye | 4.15 |[ ]
| First GCS voice | 4.16 |[ ]
| Variable | Dictionary Ref. | Required |
| First GCS motor | 4.17 |[ ]
| First total GCS | 4.18 |[ ]
| Date & time of arrival at definitive care hospital | 5.01 |[ ]
| Pulse on arrival | 5.02 |[ ]
| Systolic BP on arrival | 5.03 |[ ]
| First spontaneous respiratory rate on arrival | 5.04 |[ ]
| Temperature on arrival | 5.05 |[ ]
| GCS eye on arrival | 5.06 |[ ]
| GCS voice on arrival | 5.07 |[ ]
| GCS motor on arrival | 5.08 |[ ]
| Total GCS on arrival | 5.09 |[ ]
| CPR on arrival | 5.10 |[ ]
| Blood transfusion on arrival | 5.11 |[ ]
| Patient intubated | 5.12 |[ ]
| Date & time patient intubated | 5.13 |[ ]
| Respiratory qualifier on arrival | 5.14 |[ ]
| Blood alcohol concentration on arrival | 5.15 |[ ]
| First measured arterial base excess | 5.16 |[ ]
| First measured INR | 5.17 |[ ]
| ED discharge date & time | 5.18 |[ ]
| Disposition after ED | 5.19 |[ ]
| Diagnosis made > 24 hours after arrival | 6.01 |[ ]
| Date & time CT performed | 6.02 |[ ]
| CT type | 6.03 |[ ]
| Operative procedures in OR | 6.04 |[ ]
| Operation date & time | 6.05 |[ ]
| Number of days on ventilator | 6.06 |[ ]
| AIS injury codes | 7.01 |[ ]
| Date & time of discharge from definitive care | 7.02 |[ ]
| Discharge destination from acute care | 7.03 |[ ]
| Injury severity score (ISS) | 7.04 |[ ]
| New injury severity score (NISS) | 7.05 |[ ]
| Length of stay | 7.06 |[ ]
| Length of ICU stay | 7.07 |[ ]
| Severe complications | 7.08 |[ ]

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| --- | --- | --- | --- |
| Office Use Only |  |  |  |
|  |
| Form ID |  | Received By |  |
|  |  |
| Received Date | \_\_\_/ \_\_\_/ \_\_\_\_\_\_ |
|  |  |
| ANZTR BoardNotified Date | \_\_\_/ \_\_\_/ \_\_\_\_\_\_ |
|  |  |
| ANZTR Board Approval | Yes [ ]  No [ ]  Not Applicable [ ]  |
|  |  |
| NZ Data Required? | Yes [ ]  No [ ]   |
| NZ Data Approved? | Yes [ ]  No [ ]  Not Applicable [ ]  |
| Ethics Required? | Yes [ ]  No [ ]  Not Applicable [ ]  |
| Ethics approval provided? | Yes [ ]  No [ ]  Not Applicable [ ]  |
| Steering Committee Notified Date | \_\_\_/ \_\_\_/ \_\_\_\_\_\_ |
|  |  |
| Decision Comments |  |
|  |  |
| Original Requestor Informed of Decision | Yes [ ]  No [ ]  |
| Original Requestor Informed Date | \_\_\_/ \_\_\_/ \_\_\_\_\_\_ |