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

**Feedback/Request for Change Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.* |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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](mailto:ancelin.mckimmie@monash.edu)