

Data Analysis Request Form

Department of State Health Services

Office of Injury Prevention

Our office will provide simple analyses on our registry data as capacity allows. Release of certain data is based on the discretion of the office; however, we will do our best to accommodate the request. For information on what data are collected in our system please see our published reports and data dictionaries on the [Office of Injury Prevention](#) homepage. Please submit this form to injury.epi@dshs.texas.gov as an attachment. Creating and attaching table shells in Word or Excel as examples is highly encouraged. Note: it may take more than two weeks to fulfill a request. Record level data may only be obtained with a request for a public data use file or an IRB application.

Non-zero counts less than five will be suppressed to protect patient confidentiality. Rates with counts less than 20 are considered unstable and may not be reported.

Requestor Information:

Date Request Submitted:

Date Request Needed:

Name:

Title:

Organization:

Phone:

Email:

Purpose of Request / Intended Use (Please provide a brief description of why the data are needed and how it will be used to benefit public health):

Will the data be disseminated?

If yes, where will it be disseminated?

Information Requested:**Type of Registry Data:**

EMS

Trauma

Submersion

Traumatic Brain Injury (TBI) / Spinal Cord Injury (SCI)

Type(s) of Calculations:

Counts

Rates

Percentages

Time Period:Period Start: *Year**Month*to Period End: *Year**Month*

By Year

By Month

Cumulative

Geographic Level:

County (or Counties):

of Reporting Entity (Trauma Only),

of Incident,

OR

of Patient Residence

Trauma Service Area (TSA: A-V):

of Reporting Entity (Trauma Only),

of Incident,

OR

of Patient Residence

State

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Demographics:

(Please indicate which demographic components will be included and specify how to subset them in the final section)

Age: Would you like data by age?

If yes, please specify the age groups (for example: <18, 18-24, 25-44, 45-64, 65+)

Sex: Would you like data by sex?

Race/Ethnicity: Would you like data by Race/Ethnicity?

Please provide a detailed explanation of the data you are requesting, including other variables you are requesting and how to subset the data:

Please email this form to injury.epi@dshs.texas.gov. If you have table shells in Microsoft Word or Excel files, please include them also.