

Oregon Trauma Center OTR Data Request Form

Oregon Health Authority
Public Health Division
Injury and Violence Prevention Program
OTR Data Team
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****For Official Use Only****

Date received:

Request number:

DATA REQUEST CONTACT INFORMATION

Trauma Center/Hospital name:	
Address:	
Primary contact person	
Telephone number:	
FAX Number:	
Email address:	

DATA REQUEST INFORMATION: The individual trauma centers can request their patient data 2016 or earlier from OTR staff since Citrix Access has been removed for 2016 or earlier records.

Specify the date(s), patient(s) or other criteria needed to pull data from the OTR records in your Trauma Center:

File format in which to provide database: Excel CSV Other format:

Provide a date the data pull is needed by. Requests should be completed within seven business days:

Provide a description of the data request:

Please identify variables needed from these lists in your description

Oregon Trauma Registry (OTR): (or search online for Oregon Trauma Registry and use the Data Dictionary for 2016 or earlier)
<http://www.oregon.gov/oha/PH/ProviderPartnerResources/EMSTraumaSystems/TraumaSystems/Pages/registry.aspx>

DATA USER CONFIDENTIALITY AGREEMENT

I certify that working with the identified trauma center or hospital I am have authority to request our data, properly secure the data and provide access to only authorized personnel(s). (Please sign below.)

Responsible Party Requesting Data Signature Printed Name Date

Internal Use Only	
Date of request:	
Date of review:	
Section manager final approval signature:	
Date of manager signature	

[For More Information Regarding OTR Statute:](#)

The statute governs any release of information from the Oregon Trauma Registry are within ORS 431.623 and 431.635.