### Purpose of the Study


### Project Description


### Hypothesis


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Revised 07/14/2011
Define Patient Population
- Adult (ages 16 and older)
- Pediatric (ages 15 and younger)

List Data Points Needed (ICD9 Codes):

I understand that confidentiality policies require that information which would reveal a patient’s identity not be released. Any information which I have requested will be destroyed when I have completed the goals stated above in a manner that protects confidentiality of the information. I will abide by all Shands Healthcare System policies. I will acknowledge the Trauma Program Database as the source of the above requested data both in written text, and oral presentations. I will in no form reproduce this information for others, into electronic databases, or sub-reports of any type. I understand that I must have IRB approval before release of patient data elements.

Signature by Primary Investigator/Requestor: ___________________________________________
Date: ______________________________

Special Note: *Allow 15 business days for return of data information.

Submit to: Shands at the University of Florida
Trauma Registry
P O Box 100108
Gainesville, Fl 32610

Office Use Only

_________________________________ ______________________________________
Trauma Medical Director Trauma Program Manager

FOR REGISTRY USE

Date received: ___________________ Report prepared by: ___________________
Date completed: ________________ Total time used: ________________
Delivery date: ___________________