

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DATA REQUEST FORM**

REFERENCE NO. 622.1

Please allow a minimum of two weeks for data requests to be processed.
Fee may apply – contact EMS Agency for details
Refer to the Data Release Policy for information regarding release of patient/hospital/agency identifiable data.

Date of Request:	Date By Which Data Is Desired:
Name of Person Submitting Request:	Contact Phone #:
Title/Position:	Fax #:
Facility/Organization/ Affiliation:	E-mail:
	Address:

1. What question(s) are you attempting to answer with the requested data?
2. For what purpose will the data be used? (e.g., presentation, publication, research)
3. From which database(s) (Trauma, Base Hospital, EMS Provider, TEMIS, Stroke, STEMI) should the requested data be obtained?
4. What population should be used? Be as specific as possible about the type of calls or patients about which/whom you want information (e.g., "all gunshot wounds" or "all patients transported by paramedics age 6 and younger who have a chief complaint of trauma following a fall from any height.")
5. From what date range do you want the data? Specify if the data is to be aggregate, or reported separately for each month/year. (NOTE: data for any period that includes the most recent six (6) months may be incomplete.)
6. How do you prefer to receive the data? (Some files may be too large for email, and files containing protected health information must be picked up in person) <input type="checkbox"/> Pick up <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Other (specify):

Submit request to:

Christine Clare EMS Agency TEMIS Unit 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670	Phone: (562) 347-1661 Fax: (562) 946-6701 E-Mail: cclare@dhs.lacounty.gov
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EFFECTIVE: 04-01-07
REVISED: 2-23-16
SUPERSEDES: 11-1-14