

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Data Recipient: (name) _____

1. Indicate the data source(s) for the Limited Data Set:

- a. EMS Provider Data https://file.lacounty.gov/SDSInter/dhs/1021588_EMSReportFormInstructionManual.pdf
- b. Paramedic Base Hospital https://file.lacounty.gov/SDSInter/dhs/1021587_BHFInstructionManual.pdf
- c. Trauma Registry https://file.lacounty.gov/SDSInter/dhs/1031433_TraumaDataDictionary2018.pdf
- d. STEMI Registry http://file.lacounty.gov/SDSInter/dhs/1024384_SRCDataDictionaryFINAL10-28-16.pdf
- e. Stroke Data https://file.lacounty.gov/SDSInter/dhs/1058588_StrokeDataDictionaryFINAL121918.pdf
- f. 9-1-1 Receiving Hospital Data not available at this time
- g. Other (specify):

2. Specify the date range:

3. List the data elements to be abstracted:

- a.