



Central Texas Regional Advisory Council

Trauma Service Area - L

www.TSA-L.com

Report Request Form

Requestor:	Phone:
Entity:	Email:
Date Requested:	Date Due:
Purpose of Report:	

General Description:			
WHO—Study Population:			
WHEN—Time Period for Request—Start Date:		Stop Date:	
WHAT—Fields in Report:			

Note: The most frequently requested fields are listed on the back of this page.

Statistics Needed:				
Report Output:	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> WordPad	<input type="checkbox"/> PowerPoint
Type of Report:	<input type="checkbox"/> Crosstab (numbers/totals)	<input type="checkbox"/> Detail Listing (raw data)		
	<input type="checkbox"/> Descriptive Stats (mean/modes)	<input type="checkbox"/> Group Reports (Activity/Dashboard)		
	<input type="checkbox"/> Export (raw data file)	<input type="checkbox"/> Other:		

Requestor: _____	Date: _____
Receiver: _____	Date: _____
<p>** Texas HSC 773.095. RECORDS AND PROCEEDINGS CONFIDENTIAL. (a) The proceedings and records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services or trauma care system, or emergency services personnel are confidential and not subject to disclosure by court subpoena or otherwise.</p>	

Common Fields Used In Reporting

<input checked="" type="checkbox"/>	<i>Field Name</i>	<input checked="" type="checkbox"/>	<i>Field Name</i>
	ADM_SVC		OUTCOME
	AGE_NUMBER		PARALYTICS
	AGE_UNITS		PATIENT_NUMBER
	AIS		PAYMENT_SOURCE
	AIS_CODE		PROCEDURE_ICD9
	AUTOPSY		PROCEDURE_ICD10
	CATEGORY		PROCEDURE_PROVIDER
	CAUSE_CODE		PROCEDURE_START_DATE
	CAUSE_E_CODES		PROCEDURE_START_TIME
	COMP_TYPE		PROTECTIVE_DEVICES
	COUNTY_STATE		PROVIDER_RESPONSE
	DC_DESTINATION_CODE		PULSE
	DC_DISPOSITION_CODE		RACE
	DIAGNOSES		REFERRING_ADMIT_TYPE
	DISCHARGE_DATE		REFERRING_ARRIVAL_DATE
	DISCHARGE_TIME		REFERRING_ARRIVAL_TIME
	DOB		REFERRING_DISCHARGE_DATE
	ED_DC_TIME		REFERRING_DISCHARGE_TIME
	ED_DISPOSITION_CODE		REGION
	ER_TIME		RESP_RATE
	ETOH		RES_CITY
	EV		RES_COUNTY_STATE
	EXTRICATION		RES_STATE
	EYE_OPENING		RISK_TYPE
	FROM_HOSPITAL		RPS2
	GLASCOW		RTS1
	HOSPITAL_ARRIVAL_DATE		RTS2
	HOSPITAL_ARRIVAL_TIME		SEX
	HOSPITAL_TRANSFER		SYS_BP
	ICD9		TEMPS
	ICD10		TOTAL_CHARGE
	INDUSTRY_TYPE		TOTAL_DAYS_ICU
	INDUST_ACC		TOX
	INJURY_DATE		TOX_TES
	INJURY_DETAILS		TRACKING_NO
	INJURY_TIME		TRANS
	INJURY_TIME_KNOWN		TRANSFER_MODE
	INJURY_ZIP		TRANSPORT_AGENCY_CODE
	INSTITUTE_NO		TRANSPORT_LEVEL
	INTUBATED		TRANSPORT_METHOD
	ISS		TRANSPORT_ORIGIN
	LOCATION		TRANSPORT_SEQ
	MEDICAL_RECORD_NUMBER		TRAUMA_TYPE
	MOTOR_RESPONSE		TRIAGE_CODES
	NAME		VALIDATION_DATE
	NEAREST_TOWN		VENTDAYS
	NOTIFY_DATE		VERBAL_RESPONSE
	NOTIFY_TIME		ZIP_CODE
	OCCUPATION		