

Data that identify specific patients, facilities, and/or provider agencies are not generally released. (Requires approval from the involved entity, which must be obtained by the requestor prior to submission of the Data Request Form).

Please allow a minimum of four weeks for data requests to be processed.

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

1. What question(s) are you attempting to answer with the requested data?
2. For what purpose will the data be used? (Educational presentation, publication or research/study project, etc.)
3. From which database(s) should the requested data be obtained? (Trauma, Base Hospital, EMS Provider, STEMI, etc.)
4. On what type of calls or patients do you want information? (Be as specific as possible, for example <i>“all gunshot wounds”</i>, or <i>“all patients transported by paramedics”</i>, or <i>“all children age 6 and younger with a chief complaint of blunt head injury following a fall from any height”</i>).

EFFECTIVE: 04-01-07
REVISED: 12-1-10
SUPERSEDES: 10-15-09

5. If you are requesting more than a simple volume count, what specific information do you want to know about the calls or patients? (Be as specific as possible, for “age in years grouped in 5 year increments”, or “average response time for the first unit on the scene”.

6. What date range would you like to use? (NOTE: date of most current data available differs according to database used.

7. How do you prefer to receive the data?

- Phone Fax E-mail U.S. Mail Other (specify):

8. Additional Comments:

Submit request to:

Deidre Gorospe, Sr. EMS Program Head
EMS Agency, TEMIS Section
10100 Pioneer Boulevard
Santa Fe Springs, CA 90670

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FAX: (562) 946-6701
E-Mail: dgorospe@dhs.lacounty.gov