Data Request Form
Office of Emergency Medical Services (OEMS)
Division of Trauma/Critical Care

Please fill out completely and e-mail to: support@OEMSsupport.kayako.com

Requestor Name:	
Agency/Hospital/Organization:	
Requestor Phone #:	
Requestor Email:	
Date Requested:	

Data Source Requested:
☐ **Virginia Pre-Hospital Information Bridge (VPHIB)**
☐ **Virginia Statewide Trauma Registry (VSTR)**

1. Please clearly describe the information that you are requesting and what it will be used for.

2. Please identify the specific data elements that you would like included in your request. See the following links for each specific data dictionary.
VPHIB v3 Data Dictionary -
http://oemssupport.kayako.com/Knowledgebase/List/Index/36/data-dictionary-and-element-lists
VSTR Data Dictionary -
http://oemssupport.kayako.com/Knowledgebase/List/Index/32/what-must-be-submitted

3. Please specify if you need summary data only or actual raw data. If summary data, what are the expected columns and rows?

4. Please identify the years or date ranges for the data in your request.

5. What geographical regions do you want included in your request? (Statewide Virginia, EMS Council Region, VDH Health District, Locality, etc.)

5. What format would you like the data in? ☐ **PDF** ☐ **Excel**

6. Who, other than the requestor, should be contacted with any technical or business related questions, during the development of this report?

7. Who is the intended audience for this report?

8. Please indicate when you need the information? What date is the latest that you need the data?

***Data will be sent via e-mail to the e-mail address provided unless otherwise specified by the requestor.**

Note: Please allow 2-4 weeks for completion of the request depending on the complexity of the request. Some requests may require additional time depending on the amount of work hours involved with the request.