



Thank you for your request for information about accessing data from the Pennsylvania Trauma Systems Foundation State Registry. The required application forms are included with this letter.

Data from the Foundation's Registry are made available to stimulate and support trauma research and to facilitate system planning for the trauma population. Criteria are as follow:

1. A letter of support must accompany proposals from Pennsylvania Hospitals or Universities with accredited trauma centers from the Trauma Director and the Trauma Program Coordinator (for nursing based proposals).
2. An additional letter from the (Internal Review Board (IRB) must also accompany the application.
3. Proposals from students participating in graduate degree programs must be accompanied by a letter of support from a faculty sponsor.
4. The principal investigator will be contacted 6 months after raw data are provided to check on the status of the data analysis and to determine if a publication or presentation has been given.

Please carefully follow the enclosed guidelines and page limitations for submission of the proposal. Be sure to submit both the proposal and accompanying forms. Please see the data fees document regarding the cost of data, if applicable.

If you have any additional questions, please contact Nathan McWilliams at the Pennsylvania Trauma Systems Foundation at (717) 697-5512 or nathan@ptsf.org. Thank you for your interest.

APPLICATION TO STATE TRAUMA REGISTRY DATA

I. APPLICATION CRITERIA:

- A. The principle investigator will be considered the primary responsible party. All correspondence will be directed to this individual.
- B. The topic/planned use of data must have direct relevance and applicability to the trauma patient. Relevance may be clinical, administrative, or system planning.
- C. The data may be used to support any phase/aspect of a study/planning project.
- D. If you plan to publish or release the enclosed data, the following disclaimer must be used:

THESE DATA WERE PROVIDED BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION, MECHANICSBURG, PA. THE FOUNDATION SPECIFICALLY DISCLAIMS RESPONSIBILITY FOR ANY ANALYSES, INTERPRETATIONS, OR CONCLUSIONS.

- E. If a presentation is given or an article is published, please send a copy to the PTSF so that information can be distributed in the Foundation Newsletter.

II. FORMAT FOR PROPOSALS:

- A. Proposals should be concise and must follow the established guidelines. Proposals will be reviewed according to the guidelines. Proposals which are not prepared according to these guidelines or are not complete will be returned for clarification.

B. Guidelines for Applications

1. Purpose/Specific Aims (limit to one page)

Concisely state the intended purpose and scope of the proposed project. Present the rationale for your project. Clearly specify the research questions, hypothesis, or system components this research is designed to answer.

2. Methodology and Timetable

Specify the data elements requested from the Pennsylvania Trauma Outcome Study (PTOS). DO NOT ATTACH THE DATA COLLECTION TOOL AS YOUR LIST OF ELEMENTS. Include the proposed timetable for the study/project. Discuss the plans for analysis/interpretation of the data.

C. Additional Instructions

1. Proposals must be typed, double-spaced with 1" margins, on 8 1/2" x 11" paper.
2. Proposals should be between 1 and 4 pages in length (excluding application forms).
3. Proposals must be clearly legible.
4. Notification of receipt of proposal will be sent within 2 days of receipt at the Foundation.

APPLICATION COVERSHEET

TITLE OF PROPOSAL: _____

HOW IS THIS STUDY/PROJECT DIRECTLY RELEVANT TO TRAUMA? (Limit 3 sentences)

NAME OF PRINCIPAL INVESTIGATOR'S: _____

PRINCIPAL INVESTIGATOR'S MAILING ADDRESS:

PHONE NUMBER (Daytime): _____ - _____ - _____

E-MAIL ADDRESS: _____

CHECK STATUS:

PENNSYLVANIA

NON-PENNSYLVANIA

Trauma Center _____

Trauma Center _____

University Affiliated with Trauma Center

University Affiliated with Trauma Center

University _____

Hospital _____

Other _____ (Specify) _____

Other _____ (Specify) _____

Institution(s) where research project will be conducted and address(es):

I, the undersigned, certify that the statements in this proposal are true and complete. I accept the obligation to comply with the terms and conditions of use of data from the PTSF State Registry as a result of this application.

Signature (Principal Investigator)

Date

PROPOSAL ABSTRACT FORMAT

TITLE OF STUDY/PROJECT:

INVESTIGATORS:

ABSTRACT: Include purpose, significance, sample, data required, limitations, plans for data analysis (not to exceed the space provided below).

TYPE OF DATA REQUESTED

IF REQUESTING RAW DATA:

Format: All raw data are provided in ASCII, flat file, comma delimited format

Medium:

_____ Paper (please attach outline of report or report names from COLLECTOR)

_____ Electronic file via Email

_____ Diskette/CD

* PTSF does NOT perform statistical calculation, such as regression analysis, CHI Square, etc.

If statistical needs are required, PTSF staff can make recommendations for processing.

LIST DATA ELEMENTS REQUESTED **required****:). DO NOT ATTACH THE DATA COLLECTION TOOL AS YOUR LIST OF ELEMENTS.**

(you may attach a separate or additional sheet)

PTSF: PTOS STATE REGISTRY DATA ACCESS

APPROVAL CATEGORIES

APPROVAL: Data requested in proposal are approved and will be provided within one month of approval.

CONTINGENCY APPROVAL: Data requested in proposal will be provided upon submission of the following information to the PTSF:

- _____ Letter of Support from:
 - _____ Trauma Director
 - _____ Trauma Program Coordinator (for nursing based proposals)
 - _____ Internal Review Board
 - _____ Faculty Sponsor if Student
 - _____ Other
- _____ Clarification of Specific Data Elements
- _____ Other

DISAPPROVAL: Access to data denied. See attached comments. Revised proposal may be resubmitted.