

# Joint Trauma System DoD Trauma Registry Request for Information (RFI) Worksheet

## REQUESTOR INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Form Submission Date: \_\_\_\_\_ Requested by Date: \_\_\_\_\_

Purpose of Request

## POPULATION INFORMATION

Military Operations:  OIF  OEF  OND  OFS  OIR  Other: \_\_\_\_\_

Patient Info:  Battle  Non-Battle  Male  Female  Both Age Range: \_\_\_\_\_

Patient Category:  All U.S. Military  U.S. Army  U.S. Air Force  U.S. Navy  U.S. Marine Corps  U.S. Coast Guard  
 Local Civilian  Coalition Forces  NATO Military  Other: \_\_\_\_\_

Date of Injury: From: \_\_\_\_\_ To: \_\_\_\_\_ Example: From 01 Jan to 30 Jun 2010

Mechanism of Injury, Dominant:  Yes  No

If yes:  All  Explosive Device  GSW  MVC  Fall  Other: \_\_\_\_\_

Type of Injury, Dominant:  Yes  No

If yes:  All  Penetrating  Blunt  Burn  Mounted/Dismounted  Other \_\_\_\_\_

ISS Group(s): \_\_\_\_\_

What are you investigating? (e.g. Include specific injury/procedure codes.)

Additional Comments

Refer to the DoDTR Data Dictionary when requesting aggregated specific data elements and variable names (column E.)

<https://jts.amedd.army.mil/assets/docs/forms/DoDTR-Data-Dictionary-External.pdf>

Submit DoDTR Data Request Form to:

[dha.jbsa.healthcare-ops.list.jts-data-enterprise@health.mil](mailto:dha.jbsa.healthcare-ops.list.jts-data-enterprise@health.mil)

Joint Trauma System Internal Use Only

1 April 2024, Version 3.0