

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:

usarmy.jbsa.medcom-aisr.mbx.jts-dodtr-data-request@mail.mil

Joint Trauma System Internal Use Only

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