

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Data Recipient (name): _____

1. Indicate the data source(s) for the Limited Data Set:
 - a. EMS Provider Data (hyperlink Data Dictionary)
 - b. Paramedic Base Hospital (hyperlink Data Dictionary)
 - c. Trauma Registry (hyperlink Data Dictionary)
 - d. STEMI Registry (hyperlink Data Dictionary)
 - e. Stroke Data (hyperlink Data Dictionary)
 - f. 9-1-1 Receiving Hospital Data (hyperlink Data Dictionary)
 - g. Other (specify):
2. Specify the date range:
3. List the data elements to be abstracted:
 - a.