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| SC EMS Data System: Data Exchange AgreementPlease complete this form by filling out all field that pertain to your requestEmail completed form to Victor Grimes at grimesve@dhec.sc.gov  |
|  | Date of the Request: | Click here to enter a date. |
| Desired Delivery Date: | Click here to enter a date. |
| *(Note: normal turnaround time is 2 weeks)* |
| contact information |
| Contact Name & Title: |       | Company Name: |       |
| Contact Phone Number: |       | Contact Email Address: |       |
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| data agreements |
| Do you have a related data use agreement with SC DHEC? | [ ]  | Yes | [ ]  | No |
| Do you have a related IRB approval? | [ ]  | Yes | [ ]  | No |
|  |
| details of the data request |
| Purpose of the Request: (how will this information be used and by whom) |
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| Data Points Requested: (if not from CIS, please indicate NEMSIS data elements where possible. For a comprehensive list of the NEMSIS Data Elements, please consult the NEMSIS Data Dictionary at <http://www.nemsis.org/v2/downloads/datasetDictionaries.html>)  |
|       |
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| Requested Date Range of Data:  |
| Start Date: Click here to enter a date. |  | End Date: Click here to enter a date.  |  |
| Preferred Organization of Data: (examples of organization include by state, county, region, agency, etc.) |
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| Preferred Limitations: (examples of limitations include credentialing level, EMS response modes, only for specific regions or agencies, or only to specific destinations) |
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| Preferred File Format: (examples include Excel, Delimited Text using an agreed upon delimiter, etc.) |
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| Additional Remarks: (please provide any additional information that may help in processing your request) |
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| To be completed by SC dhec authorized personnel only |
| Approved by Name: |       | Approved by Title: |       |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | Click here to enter a date. |