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| SC EMS Data System: Data Exchange Agreement Please complete this form by filling out all field that pertain to your request  Email completed form to Victor Grimes at [grimesve@dhec.sc.gov](mailto: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: | |  | | | | | | |
|  | | | | | | | | | | | | | |
| 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. | | | | | | |