EACE DATA REQUEST FORM

EACE Extremity Trauma and Amputation Center of Excellence

REQUESTOR INFORMATION

Name:	Organization:	
Date Requested:	Date Required:	Phone:
Email:		
Purpose of Request: ☐ Research ☐ Presentation ☐Other_____		
☐ This requires approval by Institutional Review Board (IRB)		

REQUESTED INFORMATION

☐ Date Range: From: _____ To: _____		
Conflict: ☐ All ☐OIF ☐OEF ☐OND ☐OIR ☐ OFS ☐ Non-Conflict/ONE		PHI: ☐Yes ☐ No
☐ Combat Related **ONLY**	☐ Unaffiliated Included	☐ Limb Salvage Included
☐ Limb Count	☐ Patient Count	Gender: ☐Male ☐Female
☐ Return to Duty Included	☐ Redeployed Included	☐ Age at Injury
BENCAT: ☐ AD **ONLY** ☐ All	☐ Elective Amputations	☐ Delayed Amputations (>90 days)
Service: ☐ All ☐ Army ☐Air Force ☐ Navy ☐Marine ☐Coast Guard ☐Civilian ☐VA ☐Foreign ☐Other		
In Works: ☐IDEO included ☐ **WITH** Amputation ☐ **W/O** Amputation ☐ Replaced with Amputation		
☐ Major Amputations **ONLY** (No fingers or toes)	BI/DNBI: ☐ BI ☐ NBI ☐ Disease	
Injury Mechanism: ☐ Blast ☐ GSW ☐Multi (Blast and GSW) ☐ Other_____		
Comorbidities: ☐ TBI ☐ Burn ☐ PTSD	☐ Data displayed by Treatment Location	
☐ Upper Extremity Amputations (**ALL**)	☐ Lower Extremity Amputations (**ALL**)	
☐ Forequarter	☐ Hemipelvectomy	
☐ Shoulder Disarticulation	☐ Hip Disarticulation	
☐ Transhumeral	☐ Transfemoral	
☐ Elbow Disarticulation	☐ Knee Disarticulation	
☐ Transradial	☐ Transtibial	
☐ Wrist Disarticulation	☐ Foot	
☐ Hand	☐ Symes	
☐ Partial Hand	☐ Partial Foot	

OTHER INFORMATION REQUIRED

Explain how the data will be utilized and how it will be stated. Who is the audience for this data?