

SC DIVISION of EMS &TRAUMA: DATA USE AGREEMENT

Please complete all relevant sections pertaining to your request.
Email completed form to: grimesve@dhec.sc.gov

Date of Request:	
Desired Delivery Date:	

CONTACT INFORMATION

Name of Request Organization:

Contact Name & Title:

Phone#:

Email:

DATA AGREEMENTS

Do you have a related data use agreement with the agency? (YES / NO)

Do you have a related IRB approval? (YES / NO)

DETAILS OF DATA REQUEST

How do you plan to use this data?

Data elements request: NEMSIS Data Dictionary ver3.4

https://nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/NEMSISDataDictionary.pdf

List of Desired Data Elements:

Date Range for the Data Requested:

List Specifications: (ex: county, region, agency, EMS response mode, specific destinations etc)

Preferred File Format: (ex: CSV, Excel, etc):

Additional Comments: (any information that would help to accurately process of your request):

TO BE COMPLETED BY SC DHEC AUTHORIZED PERSONNEL ONLY

Approved by: (Name & Title)

Date:

Signature:

Date: