

North Carolina Trauma Registry Routine Data Request

Individual Requesting information:

Institution:

Department:

Address:

Phone:

Fax:

Date of Request:

Date Needed:

Information Requested

NCTR Data Points and ICD-9 or ICD10 codes to be used

Purpose of Inquiry:

*Completed form may be submitted electronically via email, faxed or mailed to the attention of:

Amy Douglas RN
Trauma Manager
NCOEMS
2707 Mail Service Center
Raleigh, NC 27699-2707
amy.douglas@dhhs.nc.gov
Phone: 919.855.3953
Fax: 919-733-7021

NCTR Use Only
Date Received _____
Date Completed _____