

A Western Trauma Association Multi-center study: Comparing End-Title CO₂ to Blood Gases in Operating Room

SITE INFORMATION SHEET –please fill out and return to EtCO2@dhha.org

Site's Full Legal Name:		
Main Study Contact: PI		
Name	Email	Phone Number
Main Study Contact: Research Assistant/Main data collector		
Name	Email	Phone Number
Name of Local IRB:		

Does your institution require a data use Agreement?

- Yes → Does your institution require the use of its *own* DUA?
 Yes No → if no, Denver Health can provide one please fill out below box "Other Party Information"
 No

OTHER PARTY INFORMATION (Sponsor/Vendor/Customer)

Legal Name:			
Address:	City, State, Zip:		
Point of Contact (POC):	POC Email:		
POC Address if different from above:			
Telephone #:	Fax #:	Tax ID #:	

What is your institutions **adult** trauma range?

- 14 and up 15 and up 18 and up Other: _____

Estimated Date/Time IRB Submission: _____

Estimated Date/Time IRB Approval: _____

Estimated Date/Time Data Collection Start: _____

Estimated Date/Time Data Collection Completion & Send to DH: _____ **reminder hard*

deadline AUGUST 20th, 2018