**This data request form is for epidemiological study only (total number of patients),
with no patient-specific data provided.**

1. The use of ELSO registry data is restricted to member centers of ELSO.
A summary of ECLS outcomes is provided to the public: <https://www.elso.org/Registry/InternationalSummaryandReports/InternationalSummary.aspx>
2. Data requested on this form CAN be used for publication - it is aimed to provide an epidemiological overview for the patient cohort queried. A maximum of five outcome variables are released to the investigator(s). No patient-specific data is released.
3. The data request requires approval by one ELSO SOC chair(s), one independent ELSO SOC member and one ELSO executive director.
4. All academic products resulting from an investigation of ELSO Registry data must include a reference to ‘the ELSO Registry’. Publications in the scientific literature should reference the ELSO Registry as ‘the ELSO Registry’ or the Extracorporeal Life Support Organization Registry’ in the published abstract or title.
5. For data requests for publications, visit: <https://www.elso.org/Registry/ELSODataRequestsInstructions.aspx>

***By submitting this data request form, I acknowledge and agree to the above terms and*** [***ELSO Policy on Data***](https://www.elso.org/Portals/0/Files/ELSO_Policy_on_Data.pdf)***. Please email the completed data request form to*** ***ELSODataRequest@elso.org******.***

|  |
| --- |
| **Internal ELSO Registry Number *(ELSO will complete this part)*** |
|  | Number |

|  |
| --- |
| **ADMINISTRATIVE INFORMATION *(Investigator has to complete all fields)*** |
| **PROJECT and corresponding contact** |
| Corresponding contact | Name |
| Telephone number (cell) | Telephone number |
| Email address of Principal Investigator(s) | Email address PI |
| **ELSO CENTER** |
| Name of Center Director / Coordinator requesting data | Name of Center Director / Coordinator |
| Email address of Director / Coordinator | Email address Director / Coordinator |
| Electronic Signature of Center Director / Coordinator | Type name for electronic signature |
| Date | 12/2/2021 |
| ELSO Center Name | ELSO center Name |
| ELSO Center Number | ELSO center number |

|  |
| --- |
| **Primary question to be answered** |
|  |  |

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| --- |
| **Primary question - inclusion criteria** (defined by ICD-9 / ICD-10 codes, procedure codes, age, ECMO support type, e.g. 28 days to 18 years, pulmonary, 2018-2021 who had any mention of P27.1 ICD-10 diagnoses 2018-2021 who had any mention of P27.1 ICD-10 diagnoses)**\* note: maximum five variables per request**  |
|  |  |

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| --- |
| **Study exclusion criteria** |
|  |  |

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| --- |
| **Study years** |
|  |  |

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| --- |
| **Relevant Outcome** (Mode, Support Type, Year ECLS, age group, survival)  |
|  |  |

**Example data request and results**

**Primary question to be answered:** ECMO Mode and Outcome of adult patients who received hematopoietic stem cell transplantation during ECMO

**Inclusion criteria:** age >= 18, CPT 38240, 38241, 38242, 3892243

**Exclusion criteria:** none

**Study years:** 2010 – 2022

**Output:**

Unknown Yes 10

Unknown No 50

VA No 22

VA Yes 9

VV No 34

VV Yes 4

VVA No 2

VVA Yes 2

**\* please note the numbers chosen are dummy variables**