

**American Association of Poison Control Centers**

**National Poison Data System**

**Data Request Form**

Please complete this form in its entirety. Please be as specific as possible as the information provided will be used to develop the price quote if applicable and the structure of the queries. Submit the completed form via email ([datarequests@aapcc.org](mailto:datarequests@aapcc.org)), fax (703-683-2812) or USPS. Please contact [datarequests@aapcc.org](mailto:datarequests@aapcc.org) with questions about how to complete this form. **Please see policy for data request approvals and processing.**

***PLEASE NOTE****:  All National Poison Data System data reported by the American Association of Poison Control Centers during the year in which the exposures occur is considered preliminary because it is possible that a poison center may update a case anytime during the year if new information is obtained. Changes occur in only a small number of cases each year. In the fall of each year the data for the previous year is locked, and no additional changes are permitted.*

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| ***GENERAL INFORMATION*** | |
| **Date:** | |
| **Requester Name:** | **Requester Email:** |
| **Requester Affiliation:** | **Requester Phone:** |
| **If affiliation is a poison center, please list poison center position (e.g. Medical Director, Director, Poison Specialist, Toxicology Resident/Fellow):** | |
| **Collaborator #1 Name:** | **Collaborator #1 Affiliation:** |
| **Collaborator #2 Name:** | **Collaborator #2 Affiliation:** |
| **Collaborator #3 Name:** | **Collaborator #3 Affiliation:** |
| **Collaborator #4 Name:** | **Collaborator #4 Affiliation:** |
| **Is this request being made on behalf of a third party?**  Yes  No  **If yes, please identify third party:** | |
| **Is this request a research project of a member poison center or AAPCC member for which no third party reimbursement will be received?**  Yes  No  *If yes, your poison center director must approve this request by signing below.* | |

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| **To be Completed by Poison Center Director:** | |
| **If any of the listed collaborators are not affiliated with your poison center, please describe the role of your poison center staff in this research project as well as how the research project will directly support/enhance the research or patient care functions of the member poison center, AAPCC, or health care practitioners providing toxicological triage, diagnosis, or management of patients:** | |
| I acknowledge that these data are being provided by AAPCC because of the requestor’s affiliation with a member poison center, that these data are proprietary and that the associated fee for access to this data is being waived solely because of the direct affiliation with a member center.  I acknowledge that if, after the requested data have been provided, the data are subsequently provided to outside non-poison center affiliated persons or entities without a member associated with the original request, this will be considered a violation of the member agreement to access full NPDS data.  I acknowledge that if it is learned that provided data have been used by a non-poison center affiliate for commercial use, research use or publication by a non-affiliate with no acknowledged poison center affiliation, a retroactive data fee may be charged to the original requestor.  The AAPCC Board of Directors recognizes the importance of Poison Center use of NPDS data for teaching, research, and patient care. NPDS is the one and only repository of NPDS data. The Board recognizes that large data sets either by time or large sections of generic or product codes can inadvertently impair NPDS’ ability to be the one and only NPDS data repository.  By signing the AAPCC Data Request Form (DRF), the requestor agrees to the following stipulations:   1. The data will only be used for the AAPCC approved project described in the DRF. 2. The data may be used for a period not to exceed 2 years from the date of delivery. 3. The data set may not be repurposed to another user without AAPCC’s express permission. 4. On or before the data expiration date, the data shall be returned to AAPCC or destroyed. Attestation of destruction is required. 5. Upon written request to AAPCC the data requestor (with appropriate justification) may request a time limited data use extension. 6. Should AAPCC become aware that any of the foregoing conditions have not been followed, the AAPCC may elect to place the requestor on temporary probation or may permanently bar requestor from requesting or receiving NPDS data. 7. All publications in a peer reviewed journal (abstract/s only excluded) must include the following disclaimer:   *The American Association of Poison Control Centers (AAPCC) maintains the National Poison Data System (NPDS), which houses de-identified case records of self-reported information collected from callers during exposure management and poison information calls managed by the country’s poison control centers (PCCs).  NPDS data do not reflect the entire universe of exposures to a particular substance as additional exposures may go unreported to PCCs; accordingly, NPDS data should not be construed to represent the complete incidence of U.S. exposures to any substance(s).  Exposures do not necessarily represent a poisoning or overdose and AAPCC is not able to completely verify the accuracy of every report.  Findings based on NPDS data do not necessarily reflect the opinions of AAPCC.*   1. The requestor agrees to ensure these requirements are adhered to by any colleague, co-author, or co-investigator within or without the poison center. 2. The requestor’s signature on the DRF submission acknowledges the requestor’s agreement to the foregoing.   **Poison Center Director Signature of Approval:** | |
| **Is this request for (check all that apply):** | Individual Case Listing\*: Each record will contain data from one reported case. If request is for cases involving more than one substance, records are duplicated for each substance involved in the case (e.g., a case with ingestion of both acetaminophen and ibuprofen will have two records in the database – one for acetaminophen and one for ibuprofen). Case listings are available in relational output upon request.  *Please complete “Data Request” Section*  Custom Tables\*: Customizable summary of data (e.g., summary tables, aggregate counts)  *Please complete “Data Request” Section and provide pivot tables or*  *table shells*  Fatality Abstracts: Structured, de-identified abstracts of fatalities reported to poison centers. Examples appear in Appendix C of NPDS Annual Reports.  *Please complete “Fatality Abstract Request” Section*  Surveillance: Custom surveillance definitions can be created with near real-time notification of cases that meet inclusion criteria.  *Please complete “Data Request” Section*  Other  *Please describe here:*  \*Data will be delivered in Excel. Data will be delivered in Access if the dataset exceeds Excel size limits. |
| **Please briefly describe your request, including objectives and methods:** | |
| **Please describe how the data will be used and/or disclosed:** | |
| **Comments or additional data query parameters/requirements:** | |

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| ***DATA REQUEST*** | | | | |
| ***Data Query Parameters: General*** | | | | |
| **Please list all substances you would like data for by trade name and/or generic name:**     * *List Poisindex® product ID codes for search (please indicate if you do not have access to these codes):* * *List AAPCC generic category codes for search (please indicate if you do not have access to these codes):*   **If your request is for more than one substance or includes both Poisindex product ID codes and AAPCC generic category codes, would you like:**  Records that have a combination of substances/product ID codes/generic category codes only (e.g. “AND” clause; cases which involve ethanol AND cocaine)  Records that have either one substance/product ID code/generic category code or another (e.g. “OR” clause; cases which involve either ethanol OR cocaine) | | | | |
| **Please indicate whether you are interested in:**  Cases involving only one substance (single substance exposure/information cases)  Cases involving any number of substances (single and multiple substance exposure/information cases) | | | | |
| **Date Range** *(Please note that multiple improvements were made in 2000 and comparisons to data prior to 2000 require special consideration)*:        to | | | | |
| **Types of Cases (check all that apply):** | Exposure cases (actual or suspected contact with any substance which has been ingested, inhaled, absorbed, applied to, or injected into the body)  *Please complete “Data Query Parameters: Exposure Cases” Section*  Information cases (lack of identifiable exposed person)  *Please complete “Data Query Parameters: Information Cases” Section* | | | |
| **Case Status (check all that apply):** | Open (the case is still being actively followed by the poison center)  Closed (all poison center follow on the case is complete) | | | |
| **If a case was handled by more than one poison center (e.g. if a case is first handled by one poison center but then handed off to another poison center due to the transfer of the patient to a hospital in the second center’s jurisdiction), would you like:**  Only one record for each case (Primary Center Code = null)  Multiple records for cases that are handled by more than one poison center (e.g. a case handled by poison center X and by poison center Y would exist as two separate cases in the data) (Primary Center Code = not null) | | | | |
| ***Data Query Parameters: Exposure Cases*** | | | | |
| **Patient Species (check all that apply):** | Human  Animal | | | |
| **Patient Age:**  *Please indicate ages you would like included. You may either select all ages, indicate an actual age range (in years), or indicate estimated age categories. If you indicate an actual age range, please also indicate which, if any, estimated age categories you would like included (e.g. for data on children 0 – 5 years old, type in “0 to 5” as the age range and check the “≤ 5 years” estimated age category.* | All ages, including unknown ages | | | |
| Actual age range (years): | | | |
| *Estimated age categories (check all that apply):* | | | |
| ≤ 5 years  6-12 years  Teen (13-19 yrs)  20s  30s  40s  50s | 60s  70s  80s  ≥90  unknown child (≤ 19 years)  unknown adult (≥ 20 years)  unknown age | | |
| **Reason for Exposure:**  *Please indicate whether you would like all exposure reasons or a subset of exposure reasons. If you require a subset of exposure reasons, please indicate which reasons you would like the query to pull data for.* | All exposure reasons | | | |
| *Subset of Exposure Reasons (check all that apply):*  ***Unintentional:*** *An exposure resulting from an unforeseen or unplanned event such as a child gaining access to a toxic substance when it is obvious the child did not realize the danger of the action.* | | | |
| General  Environmental  Occupational  Therapeutic Error | | | Unintentional Misuse  Bite/Sting  Food Poisoning  Unintentional Unknown |
| ***Intentional:*** *A purposeful action that results in an exposure.* | | | |
| Suspected Suicidal  Intentional Misuse | | | Intentional Abuse  Intentional Unknown |
| ***Other:***  Contaminant/Tampering  Malicious  Withdrawal  ***Adverse reaction:***  Drug  Food  Other  ***Unknown:***  Unknown Reason | | | |
| **Associated Medical Outcome:**  *Please indicate whether you would like all medical outcomes or a subset of medical outcomes. If you require a subset of medical outcomes, please indicate which outcomes you would like the query to pull data for.* | All associated medical outcomes | | | |
| *Subset of Associated Medical Outcomes (check all that apply):* | | | |
| No effect  Minor effect  Moderate effect  Major effect  Death  Not followed; nontoxic  Not followed; minimal clinical effects possible | | | Unable to follow; potentially toxic  Unrelated effect  Confirmed non-exposure  Death, indirect report |
| ***Data Query Parameters: Information Cases*** | | | | |
| **Information Case Categories:**  *Please indicate whether you would like all information case categories or a subset of information case categories. If you require a subset of information case categories, please indicate which you would like the query to pull data for.* | All information case categories | | | |
| *Subset of Information Case Categories (check all that apply):* | | | |
| Drug information  Drug identification  Environmental information  Medical information  Occupational information  Poison information | | Substance abuse  Teratogenicity information  Other  Administrative (Optional)  Caller referred (Optional)  Prevention, safety, education information (Optional) | |
| ***Data Display Requirements: Exposure Cases and Information Cases*** | | | | |
| **Do you require the inclusion of Poisindex® product ID codes and product****names in the database you receive?**  Yes  No  If Yes, please indicate which of the following describes the Poisindex® product ID codes and product names you are requesting (check all that apply):  Brand, trade or proprietary name identifiers  Genus/species identifiers  Poisindex® product ID codes/product names will not be included in the database,  but requested database will contain data for a single brand only  Other  *Please describe here:*  *Please note: requests for the inclusion of brand, trade or proprietary name identifiers require special consideration and increased processing time. Not all requests for identifiers are approved.* | | | | |
| **Do you require the inclusion of geographic or poison center identifiers in the database you receive?**  Yes  No  *Please note: requests for the inclusion of geographic or poison center identifiers require special consideration and increased processing time. Not all requests for identifiers are approved.*  If Yes, please indicate which geographic or poison center identifiers are required (check all that apply):  Caller 5-digit ZIP code  Caller 3-digit ZIP code  Caller state  Caller area code + exchange  Poison center identifier *(refer to Policy for NPDS Data Request Approvals and*  *Processing, section “Communicating Approvals for Release of Poison Center*  *Identifiers to Member Poison Centers”)*  The requester acknowledges the voluntary nature of individual member  poison center participation and that Board of Directors approval does not  guarantee that any given member poison center will comply with requests to  participate in the research project  The requester has enclosed an abstract of the research protocol which  includes a description of the individual member poison center’s workload to  complete the researcher’s request  Other  *Please describe here:* | | | | |

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| ***FATALITY ABSTRACT REQUEST*** |
| *Abstracts will be provided as individual PDF documents, one for each fatality case. All fatalities are listed in Table 21 of the AAPCC annual reports. Synopses of a select number of fatalities are published in an appendix to the annual reports (*[*www.aapcc.org*](http://www.aapcc.org)*).* |
| **Date Range** *(Additional charges will be assessed for data prior to 2000)*:        to |
| **Please list all substances you would like fatality abstracts for by trade name or generic name:** |
| ***Annual Report IDs* for fatality cases from NPDS Annual Reports (if known):** |

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| ***FOR OFFICE USE ONLY*** | | |
| **Name to be used for this request:** | | |
| **Priority:** | Normal  Expedite  *Date Requested By:* | |
| **Type of organization making request:** | | |
| **Total number of queries for this request:** | | |
| **Is this a request for reoccurring queries?**  Yes  No | | |
| **Frequency of reoccurring queries:** | | N/A  Monthly  Quarterly  Other  *Please specify here:* |
| **Display of Poisindex® Product ID Codes and product Names (AAPCC generic codes and major categories will be displayed for all records) (check all that apply)?** | | Display Poisindex® product ID codes and product names for all substances involved in the exposure  Display Poisindex® product ID codes and product names for those Poisindex® product ID codes used in the search  Display Poisindex® product ID codes and product names for those AAPCC generic codes used in the search  Other  *Please specify here:* |
| **Display of Protected Health Information (PHI)/Limited Data Set information (5-digit ZIP codes, 3-digit ZIP codes if population < 20,000, age > 89 years) (check all that apply)?** | | N/A – requester is not asking for ZIP codes or actual ages in their deliverables  Display all PHI/Limited Data Set information – requester is performing research  Remove all 3-digit ZIP code entries with populations < 20,000 (036, 059, 102, 202, 203, 204, 205, 369, 556, 692, 753, 772, 821, 823, 830, 831, 878, 879, 884, 893)  Remove all ages where actual age > 89 years  Other  *Please specify here:* |
| **Additional Information:** | |  |