

Protocol Update Request

Instructions for completing form:

1. Fill out as completely as possible
2. Ask your Clinical Coordinator or EMS Quality Coordinator for assistance (if needed)
3. If you need more space for your description use the continuation form on the second page of this form
4. Click the "SUBMIT BY EMAIL" button when you have completed the form

NOTE: Disregard the instructions that will appear in the body of the e-mail.
If you have any questions please call Joshua English (510) 667-7533



Alameda County EMS
1000 San Leandro Blvd., Suite 200
San Leandro, CA 94577

Phone: 510-667-7533
Fax: 510-618-2009
www.acgov.org/ems

*Date:

*Name:

*Agency:

Job title:

*E-mail:

Phone:

Cell Phone:

Monetary Impact

New Equipment needed (check box if yes):

Cost per unit:

Impacts on other policies

Will other policies be impacted (check box if yes):

Policies affected
(please list policy numbers or titles):

How to contact you

- E-mail
 Phone
 Cell Phone

Ideal time to contact you

Date:

Time:

Describe the update in detail (Include the following)
Research references
Description of how this update will benefit
Any proposed algorithms or specific language
(use the continuation form if necessary)

Internal Use Only

Handled By	Disposition	Reply sent

Continuation Form