EPIC Pressure Controlled Bag Supply Program

**Top portion to be completed by Fire Chief or EMS Chief, or other equivalent position only.**

Agency Name: ___________________________ Date: ___________________________

I, ___________________________, verify that __________________________ has at minimum
85% of our personnel trained in EPIC Traumatic Brain Injury Protocol, that we are *actively*
sharing data, and will continue to do so throughout the duration of the EPIC Project.

- We have _____________ front line EMS vehicles.
- We have _____________ EMS providers (an estimate is fine)
- We request ____________ EPIC decal(s) for our vehicles. *One free per agency, each additional is $6.00.

Name: ___________________________ Title: ___________________________

Signature: _______________________________________________________________________

**Return completed form electronically to ceretclark@email.arizona.edu or by mail to: The University of Arizona,
Attention: Ceret Clark, 714 E. Van Buren Street, Phoenix, AZ 85006**

**Bottom Section to be completed upon bag pickup**

# Adult Bags Distributed: _______ #Adult VRTs ONLY Distributed: _______

# Pediatric Bags Distributed: _______ #Pediatric VRTs ONLY Distributed: _______

# Decals Distributed: _______ If additional decals purchased, total amount collected: $_______

- Date of Pick-Up: ___________________________

Name of person picking bags up (print): _____________________________________________

Signature of person picking bags up: ________________________________________________

EPIC Personnel: ___________________________ EPIC Signature: ___________________________

Epic Data Sharing: Y N Initials ______ Epic Education: Y N Initials: _______