



Stakeholder Request for Case Review

Pursuant to Tex. Health and Safety Code § 773.091 et seq. and Tex. Occ. Code § 160.007 et seq,
I, _____ (requestor), am requesting a formal case review of

_____ (provide brief information on
issue for review, dates, parties involved, outcomes – no PHI) based on the following designated reason:
(mark all that apply)

_____ Provide advisory information to the EMS agencies and hospital systems related
to issues and policies that could alter regional guidelines

_____ Monitor processes and outcomes of patient care related to current regional
guidelines

_____ Presenting opportunities for analysis of data and information of scientific value
for studies and strategic planning of the emergency healthcare system

_____ Provide educational forums for improved patient care.

_____ Periodic mortality and morbidity case reviews

_____ Other cases may also be reviewed that are regarded as having exceptional
educational or scientific benefit.

The following SETRAC Board Committees should review the request and participate in the Case Review:

_____ Trauma

_____ Cardiac

_____ EMS

_____ Perinatal/Maternal

_____ Stroke

_____ Pediatrics

Submitted by: _____

Agency: _____

Contact Number: _____

Email: _____

Date: _____

Signature

For Medical Director Committee Use Only – Received: _____ date

The following request is approved denied

Signature

Date