

Protocol Proposal Form



HSPHD USE ONLY

	occi i ropocui i cimi	\leq	S		
	Please print legibly	WERGE	PWCES	Date Received	
		MEDICA	LSV	Number	
Contact Information					
Revision proposed by:					
Employer name:					
Title (e.g. MD, EMT-P, etc.)					
Contact e-mail:					
Proposed Information					
Is your proposal a change to an ☐ Change to existing protocol ☐ New proposed protocol	existing protocol or is it a new p	roposed protoc	col?		
If your proposal is a change to a	an existing protocol, please prov	ide the current	protoco	ol name and page nu	mber:
	Protocol Name			Protocol Page #	
Summary of Proposal	ana adi				
Please provide a summary of your pro	рроѕаі.				

Rationale for Proposal				
Please provide the rational for your proposal:				
Supporting Evidence for Proposal				
Please provide the supporting evidence for your proposal:				
To Be Completed by Hennepin County Public Health	Protection -	EMS Unit		
Protocol Approved by ASP subcommittee?	☐ Yes	☐ No	Date:	
Protocol Approved by AMD subcommittee?	☐ Yes	☐ No	Date:	
Protocol Approved by Medical Standards committee?	☐ Yes	☐ No	Date:	
Staff Comments:				