



EMERGENCY ORDER
MONKEYPOX VACCINE ADMINISTRATION
SAMPLE REQUEST TEMPLATE

EMS Medical Director: _____ Date: _____

Local EMS Agency: _____

Please provide the following information. For information provided, check "yes" and describe. For information not provided, check "no" and state the reason it is not provided.

Yes No

 1. Description of the procedure or medication requested:

 2. Description of the medical conditions for which the procedure/medication will be utilized: _____

 3. Patient population that will benefit: _____

 4. Description of proposed study design including the scope of the study, research question, method of evaluating the effectiveness of the procedures or medications and the expected outcome: _____

 5. Policies and procedures to be instituted regarding the use and medical control of the procedure(s) or medication(s) used in the study:

Please attach the following documents. Check "yes" for each document attached; for documents not attached, check "no" and please state the reason it is not attached.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Any supporting data, including relevant studies and medical literature.
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| <input type="checkbox"/> | <input type="checkbox"/> | 7. Recommended policies/procedures to be instituted regarding:
Use: <hr/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Control <hr/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment Protocols <hr/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Description of the training and competency testing required to implement the
procedure or medication. <hr/>
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| <input type="checkbox"/> | <input type="checkbox"/> | 9. Make up of local medical advisory committee, appointed by the medical
director, to assist with the evaluation of the trial study. <hr/>
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Created 8/1/2022
Revised N/A