

Michigan Department of Health and Human Services  
Bureau of Emergency Preparedness, EMS and Systems of Care  
Division of EMS and Systems of Care  
PO Box 30207  
Lansing, MI 48909-0207  
[www.michigan.gov/ems](http://www.michigan.gov/ems)

## ALL OTHER PROTOCOLS: ADDITIONAL PAGE(S)

This page may accompany the original Medical Control Authority Request for Protocol Change form when additional space is needed.

MCA Name:

Date of Submission:

Proposed Protocol Name:

Rationale:

Evidence used to determine/display the need for the change. This may include MCA level data, published articles, peer reviewed journals, etc., (explained or attached):

Proposed Protocol Name:

Rationale:

Evidence used to determine/display the need for the change. This may include MCA level data, published articles, peer reviewed journals, etc., (explained or attached):