

Global Patient Movement Requirements Center (GPMRC) Exercise Support Request Form

22 Mar 05

To facilitate your unit's request for exercise support we require information in three key areas: administration; training; and operational requirements. Upon receiving your completed request for exercise support GPMRC will determine the ability to support your unit's request in view of the current operational tempo and existing training requests. Once the ability to support your request has been determined by GPMRC, an action officer will be assigned to your exercise. Their role will be to make contact with your unit POC. They will assist with the planning, coordination and execution of the exercise from a patient movement/TRAC2ES perspective. **Exercise requests are to be submitted to GPMRC no later than 90 days prior to the exercise start date.**

1. Administrative Requirements:

a. What is the name of the exercise? What is the location and dates?

b. What is the overall purpose of the exercise? What are the training objectives?

c. What units will be participating?

d. Points of contact (POC) phone number and email address:

2. What roles would you like GPMRC to provide during the exercise?

Administratively and clinically validate Patient Movement Requests (PMRs) and provide realistic feedback to patient status changes

Build missions and assign patients to the missions

Flight follow, update mission times, monitor In-transit Visibility Events (ITVs) and patient movement notification

POC for guidance on TRAC2ES procedures

3. Training Requirements

- . The unit or staff participating in the exercise should receive formal TRAC2ES training from a qualified TRAC2ES instructor. Information pertaining to GPMRC and its role regarding patient movement, TRAC2ES training and exercise support can be located at <https://business.transcom.mil/gpmrc/>

4. Operational Requirements

- a. How many patient movement requests (PMR's) will be submitted for each day of the exercise? _____
- b. How many missions are planned per each day of the exercise (if available)? _____
- c. What type of conveyance do you plan to utilize for patient movement? _____
- d. Airlift requests for exercise are your unit's responsibility! GPMRC will require the mission identification number and medical crew composition to carry out mission planning and to assign patients to missions when required.

When GPMRC Readiness/ Training receives the completed "Exercise Request Form" an e-mail will be sent to the requesting unit's POC confirming we have the form. **Be aware your exercise support request will be reviewed to determine if GPMRC can support the exercise. This is taking into consideration the current operational tempo and existing exercise support requirements.** If there are any discrepancies or issues with 3/30/2005the request they will be conveyed through your units POC.

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