**Appendix G**

**Request form for Missouri Rapid Response Team (MRRT) Steering Committee Meeting for Possible RRT Activation**

Please complete the following form and answer each question with as much information as you can provide. Your contact information is essential. The MRRT Steering Committee may contact you during their meeting. An LPHA can request an MRRT Steering Committee meeting through the DHSS Senior Epidemiologist, the Environmental Public Health District Supervisor for their respective region or through the DHSS Center for Local Public Health Services.

Information you provide should include details of the event in addition to other pertinent information you consider important for the MRRT Steering Committee. It is appropriate to provide answers such as “no,” or “not known,” etc. The MRRT Steering Committee recognizes the investigation is ongoing and that the information is preliminary and subject to change. Any MRRT members receiving the request should check to assure that law enforcement has been contacted if terrorism or product tampering is suspected. If law enforcement has not been contacted, the MRRT member should immediately contact law enforcement according to his or her respective agency’s procedures. If you have requested a Steering Committee Meeting to consider an activation recommendation, information about the MRRT may also be provided to you regarding its activities if the MRRT is activated.

**Please print your name: Date:**

**The name of the agency where you work:**

**Your email address:**

**Your phone number:** **Alternate phone number(s):**

**Please describe why you think the MRRT should be activated.**

**Is the event local, multi county, regional, statewide or national?**

**Does this involve people or animals or both?**

**Is this the subject or a potential subject of media or public interest?**

**What is the number of cases? (You may list by jurisdiction if applicable).**

**Is there a unique population affected (the elderly, the young, immune compromised, etc.)?**

**Are there any reported fatalities?**

**How many people are hospitalized?**

**What is the affected area within Missouri (what jurisdictions are within the affected area)? Example--St. Louis County, St. Louis City**

**Is terrorism or product tampering suspected or threatened?**

**If terrorism or product tampering is suspected or threatened, has law enforcement been contacted?**

**Describe what is known about the potential or suspected cause of illness.**

* **Suspected agent**
* **Potential source**
* **Suspected mode of transmission**

**When was the first case reported and how quickly is the event escalating?**

**Will a response significantly exceed normal resource capabilities?**

**The requestor is encouraged to provide as much information as possible and may add any other information that the questions do not address below:**