

APPENDIX F

RECORDS AND REPORTS**Section I. PATENT ACCOUNTABILITY****F-1. General**

a. Individuals entering the medical treatment chain must be accounted for at all times. Prompt reporting of patients and their health status to the next higher headquarters is necessary for the maintenance of a responsive personnel replacement system and the Army Casualty System. Patient accountability and status reporting is required to—

- Provide the commander with an accurate account of personnel losses due to enemy action and related battlefield losses.

- Verify personnel replacement requirements.

- Assist the command surgeon in the preparation of the CHS estimate and plan.

- Alert PVNTMED personnel to the medical threat in a given AO.

b. Patient accountability and status reporting is depicted graphically in Figure F-1.

This paragraph implements STANAG 2132 and QSTAG 470.

F-2. United States Field Medical Card

a. The FMC (DD Form 1380) is used to record data similar to that recorded on the inpatient treatment record cover sheet (ITRCS) and Standard Form (SF) 600, Health Record--Chronological Record of Medical Care. The FMC is used by BASs, clearing stations, and nonfixed troop or health clinics working overseas, on maneuvers, or attached to commands moving between stations. It may also be used to record an outpatient visit when the health record is not readily available at an MTF. The FMC is used in the TO during times of hostilities. It also may be used to record *carded for record only* (CRO) cases.

b. The FMC is made so that it can be attached to a casualty. The cards are issued as a book, with each card set consisting of an original card and a pressure sensitive paper duplicate.

c. For additional information on the preparation and use of this card, refer to AR 40-66, FM 8-10-6, and FM 8-230.

F-3. Daily Disposition Log

a. The DDL (Figure F-2) is maintained by Echelons I and II MTFs. The information from this log is extracted, when required, and provided to the S1 or supported unit requesting the information. The DDL is also the primary source document for information needed in the preparation of the PSR and the PE&MR.

b. This log is maintained by all divisional (Echelons I and II) MTFs. It does not lend itself to transmission. However, the information may be extracted and provided to agencies responsible for preparing consolidated reports.

F-4. Patient Evacuation and Mortality Report

The PE&MR (Figure F-3) is prepared by Echelons I and II MTFs. It is disseminated as shown in Figure F-1. The PE&MR primarily serves as a medical spot report. The frequency of this report is established by the command surgeon.

F-5. Patient Summary Report

This report is a weekly report (Figure F-4), compiled as of 2400 hours, Sunday. It is prepared by Echelons I and II MTFs and is submitted to respective surgeons as shown in Figure F-1, usually on each following Monday. The command surgeon can, however, dictate the frequency of submission to meet command requirements.

FM 8-10-1

DAILY DISPOSITION LOG					
DTG: _____					
NAME	GRADE	SSN	UNIT/NATION	INJURY/ILLNESS STATUS	DISPOSITION TIME
SHAW, L.	03	000000000	A TRP RECON	GSW, L-LEG/WIA	CLR-0900Z
HERRERA, C.	E4	000000000	C3, 6 INF/US	SICK/MIGRAINE/ DIS	RTD-1400Z
JONES, C.J.	E6	000000000	A1, 6 INF/US	LACERATION-L HAND/NBI	CLR-1200Z
EPW (UNKNOWN)			EPW	FRAG WOUND OF HEAD/DOA/KIA	MA-1220Z
IVANOVICH, N.	04	000000000	EPW	SW R-ARM/WIA	MP/BDE SCTY ELEM-1400Z
FLOWERS, R.C.	E8	000000000	B TRP RECON SQDN/US	BF/DNBI	CLR-1640Z
CONRAD, W.	E5	000000000	6 PANZER/GE	BURN, 3D DEGREE CHEST/ABDOMEN/WIA	CLR-1400Z
DECK, H.	02	000000000	C BTRY, 3 FA/US	PUNCTURE WOUND R-ANKLE/WIA	CLR-1400Z
HASLEY, B.	E1	000000000	B TRP RECON SQDN/US	CHEMICAL INJ SYSTEMIC/WIA	15TH CSH-1705Z
WATSON, WM. T.	E3	000000000	B TRP RECON SQDN/US	DE INJ BOTH EYES	15TH CSH-1815Z
FISHER, T.T.	E7	000000000	A TRP RECON SQDN/US	UNCONTROLLED VOMITING-BW/WIA	CLR-1900Z

NOTE: THIS LOG, IN THE ABOVE FORMAT, IS MAINTAINED BY ALL DIVISIONAL TREATMENT FACILITIES. IT DOES NOT LEND ITSELF FOR TRANSMISSION. HOWEVER, THE INFORMATION MAY BE EXTRACTED AND PROVIDED TO AGENCIES RESPONSIBLE FOR PREPARING THE CONSOLIDATED FEEDER REPORT.

LEGEND:

BDE	BRIGADE	DTG	DATE-TIME GROUP	L	LEFT
BF	BATTLE FATIGUE	ELEM	ELEMENT	MA	MORTUARY AFFAIRS
BW	BIOLOGICAL WARFARE	FA	FIELD ARTILLERY	MP	MILITARY POLICE
CLR	CLEARING (STATION)	FRAG	FRAGMENTATION (WOUND)	NBI	NONBATTLE INJURY
DE	DIRECTED ENERGY	GE	GERMAN	R	RIGHT
DIS	DISEASE	GSW	GUN SHOT WOUND	RECON	RECONNAISSANCE
DNBI	DISEASE AND NONBATTLE	INF	INFANTRY	SCTY	SECURITY
	INJURY (PURPLE HEART NOT	INJ	INJURY	SQDN	SQUADRON
	AUTHORIZED)	KIA	KILLED IN ACTION (PURPLE	TRP	TROOP
DOA	DEAD ON ARRIVAL		HEART AUTHORIZED)	US	UNITED STATES
				WIA	WOUNDED IN ACTION (PURPLE
					HEART AUTHORIZED)

Figure F-2. Sample format of a Daily Disposition Log.

SAMPLE FORMAT

PATIENT EVACUATION AND MORTALITY REPORT

DATE TIME GROUP (DTG): _____

(FROM) / (TO)

ALPHA (EVACUATED)

NAME	GRADE	SSN	*UNIT/NATION	TENTATIVE DIAGNOSIS	DESTINATION DTG
WILSON, V.C.	03	000000000	A TRP RECON SQDN/US	MULTIPLE GSWs ABDOMEN AND L-THIGH	15TH CSH/ 251015Z MAR 86
BANNON, E.J.	05	000000000	HHC, CAB 7ID/US	FOUO	15TH CSH/ 251215Z MAR 86
THOMPSON, R.L.	05	000000000	HHC, 3D BN 6 INF/US	ACUTE MYO- CARDIAL INFARCTION	15TH CSH/ 251535Z MAR 86

BRAVO (EXPIRED)

NAME	GRADE	SSN	UNIT/NATION	CAUSE OF DEATH	DTG
WILLIAM, W.R.	E3	000000000	B TRP RECON SQDN/US	BURN, THERMO, 3D DEGREE 26 PERCENT	251415Z MAR 86
MAGSAYSAY, M.			EPW	FRAG WOUND OF HEAD	251600Z MAR 86
COMRAD, W.F.	E5	000000000	6 PANZER/GE	RADIATION BURN/MULTIPLE GSWs-SEVERE TRAUMA	251805Z MAR 86

NOTES:

1. THIS IS A BY-NAME REPORT WHICH INCLUDES TWO CATEGORIES OF INFORMATION: THE NAME, GRADE, SSN, UNIT, DIAGNOSIS, AND DESTINATION AND DATE-TIME- GROUP OF PATIENTS EVACUATED (ALPHA); AND THE NAME, GRADE, SSN, UNIT AND CAUSE OF DEATH OF PATIENTS WHO EITHER DIED EN ROUTE, OR WHILE AT A REPORTING MTF (BRAVO).
2. THIS REPORT, WHEN COMPLETED, WILL BE CLASSIFIED IN ACCORDANCE WITH LOCAL COMMAND POLICY—ENCODE/ ENCRYPT FOR TRANSMISSION.

*UNIT/NATION FOR ENEMY PRISONER OF WAR WILL BE LISTED AS "EPW."

Figure F-3. Sample format of a Patient Evacuation and Mortality Report.

SAMPLE FORMAT

PATIENT SUMMARY REPORT

DTG: _____

(FROM) / (TO)

		WIA	NBI	DISEASE	*NP	TOTAL
PATIENTS						
ALPHA	US	_____	_____	_____	_____	_____
BRAVO	ALLIED	_____	_____	_____	_____	_____
CHARLIE	EPW	_____	_____	_____	_____	_____
DISPOSITION TOTALS						
DELTA	RETURNED TO DUTY			_____		
ECHO	EVACUATED BY AIR			_____		
FOXTROT	EVACUATED BY GROUND			_____		
GOLF	EXPIRED EN ROUTE			_____		
HOTEL	EXPIRED IN MTF			_____		

NOTE: THIS REPORT, WHEN COMPLETED, WILL BE CLASSIFIED IN ACCORDANCE WITH LOCAL COMMAND POLICY—
ENCODE/ENCRYPT FOR TRANSMISSION.

*NEUROPSYCHIATRIC STRESS-RELATED PATIENTS SHOULD BE RECORDED HERE.

Figure F-4. Sample format for a Patient Summary Report.

Section II. MEDICAL REPORTS

F-6. General

In addition to patient accountability reports, a number of other medical reports may be required for preparation by the medical company. This is not intended to be an all-inclusive listing.

F-7. Reports

Table F-1 provides a listing of medical reports.

Table F-1. Medical Reports

TITLE	FORMAT	SUBMITTED BY	AS OF TIME	TIME DUE	REMARKS
1. LOCAL REPORTS					
a. MEDREP (RCS, EX, 17K, AR 335-15)		Each Echelon II and III MTF	Daily as of 2400	1000 after report period	Telephone or courier to medical group/brigade and corps surgeon
b. BLDREP (RCS Exempt, AR 335-15)		Each MTF using blood products	Daily as of 2400	1000 after report period	Telephone, courier, or secure radio transmission to supporting blood products supplier
2. DEPARTMENT OF THE ARMY REPORTS					
a. Medical Summary Report (RCS Med-302 [R3])	DA Form 2789-R (series) AR 40-400	Each MTF	Monthly as of 2400, last month	OCONUS within 10 days from end of report or last day of period— OCONUS of operation to CONUS within 15 days from end of report period	**Original and 3 copies to division/corps surgeon
b. Assignment and Utilization of Army Medical Service Personnel (RCS Med-87 [R6])	AR 40-202	All TOE units to which AMEDD personnel are authorized or assigned	Quarterly as of last day of quarter	Within 48 hrs from end of reporting period	*Original and 3 copies to division/corps surgeon
c. Command Health Report (RCS MED-3 [R7])	AR 40-5	Each surgeon assigned to unit (consolidated by major command)	Monthly as of last day of month	Within 3 days from end of reporting period	Through command channels to division/corps surgeon

Table F-1. Medical Reports (Continued)

TITLE	FORMAT	SUBMITTED BY	AS OF TIME	TIME DUE	REMARKS
d. Dental Service Report (RCS Med-376 [R1])		Dental surgeon or functional unit providing dental service	Quarterly as of last day of quarter	Within 3 days from end of reporting period	*Original and 2 copies by courier to division/corps surgeon
e. Army Medical Service Activities Report (RCS Med-41 [R4])	AR 40-226	All TOE units which AMEDD personnel are authorized or assigned	Annual as of last day of month	NLT 1 Mar from end of reporting period	Through channels; original and 5 copies to division/corps surgeon
3. SPECIAL REPORT Special Telegraphic Reports of Selected Diseases (RCS Med-16 [R4])	AR 40-400	All commands as required, upon advice of surgeon providing care to affected units	As required	Immediately, when required, written confirmation within 24 hrs	Facsimile or courier to division/corps surgeon

NOTES:

*Through medical technical channels.

**Through medical technical channels. Division medical resources may submit a consolidated report for all subordinate medical elements. Major medical units (medical brigade/group) and subordinate units (hospitals and ASMBs) will submit consolidated reports as appropriate.

Section III. BLOOD MANAGEMENT REPORT

F-8. General

This section provides a format for the required report for requesting blood support. Echelon II MTFs may only request Group O RBCs. The report in this appendix, therefore, only discusses this limited support. For additional information on the complete blood report submitted by Echelons III and IV MTFs, refer to FM 8-55.

F-9. Blood Management Report

Depending on the tactical situation and the command policy, the blood report may be transmitted by voice or written means (transmitted by electronic message, telephonically, or courier). A sample written message format is contained in Figure F-5. A sample voice message format is contained in Figure F-6.

FM: MEDICAL TREATMENT ELEMENT
 TO: BLOOD SUPPLIER
 INFO: AS DETERMINED BY COMMAND OPLAN
 CLAS
 OPERATIONAL DESIGNATOR
 MSGID/BLDREP/___FSMC/151215ZJUN92//
 ASOFDTG/160430ZJUN92 (LINE 1)
 REPUNIT/___FSMC/H// (LINES 2 AND 3)
 BLDINV/5 JS// (LINE 9)
 BLDREQ/7JS// (LINE 10)
 BLDEXP/2JS// (LINE 11)
 BLDEST/15JS// (LINE 12)
 CLOSE TEXT/RECEIVED 6JS/TRANSFUSED 4JS/SHIPPED 0// (LINE 13)

Report Explanation:

Line 1: The blood report is as of 1215Z, 15 Jun 92.
 Lines 2 and 3: The reporting unit is the ___FSMC, code H (medical treatment element).
 Line 9: The ending inventory of blood on hand is 5 units of type O red blood cells (Brevity codes: J-Red blood cells; S-Random type O).
 Line 10: Quantity of blood requested: 7 units type O red blood cells.
 Line 11: Quantity of blood expired: 2 units type O red blood cells.
 Line 12: Estimated blood requirements for the next 7 days.
 Line 13: Narrative such as refrigerator needs repair or 6 units of type O red blood cells were received within the past 24 hours; 4 units of type O red blood cells were transfused; and no units were shipped.

Figure F-5. Sample written format for blood report.

LINE 1 151215Z
 LINE 2 ___FSMC
 LINE 3 H
 LINE 9 5 JS
 LINE 10 7 JS
 LINE 11 2 JS
 LINE 12 15 JS
 LINE 13 REFRIGERATOR NEEDS REPAIR
 LINE 14
 LINE 15 (AUTHENTICATION IN ACCORDANCE WITH SOI)

Report Explanation:

Line 1: As of DTG (day, time, zone) of the blood shipment.
 Line 2: Reporting unit's name or designator code.
 Line 3: Reporting unit's activity brevity code letter.
 Line 9: The ending inventory of blood on hand is 5 units of type O red blood cells (Brevity codes: J-Red blood cells; S-Random type O).
 Line 10: Quantity of blood requested: 7 units type O red blood cells.
 Line 11: Quantity of blood expired: 2 units type O red blood cells.
 Line 12: Estimated blood requirements for the next 7 days.
 Line 13: Narrative such as refrigerator needs repair or 6 units of type O red blood cells were received within the past 24 hours; 4 units of type O red blood cells were transfused; and no units were shipped.
 Line 14: Message hour, minute, zone.
 Line 15: Authentication, if required.

Figure F-6. Sample voice message format.

Section IV. SAMPLE MEDICAL EVACUATION REQUEST WORK SHEET

F-10. General

This section provides a sample work sheet for recording medical evacuation request information and may also serve as an after-action report, if required.

F-11. Sample Medical Evacuation Request Work Sheet

Figure F-7 provides a sample work sheet.

SAMPLE FORMAT

MEDICAL EVACUATION WORK SHEET/AFTER-ACTION RECORD					
DTG RECEIVED		CALL SIGN	AIR/GROUND	UNIT MISSION/MISSION NUMBER	
ITEM	CLEAR/DECRYPTED	ENCRYPTED	BREVITY CODE	ACTUAL INFORMATION	
1 LOCATION OF PICKUP SITE					
2 FREQUENCY/ CALL SIGN SUFFIX AT PICKUP SITE					
3 NUMBER OF PATIENTS BY PRECEDENCE			A--URGENT B--URGENT-SURG C--PRIORITY D--ROUTINE E--CONVENIENCE		
4 SPECIAL EQUIPMENT			A--NONE B--HOIST C--EXTRACTION EQUIPMENT D--VENTILATOR		
5 NUMBER OF PATIENTS BY TYPE			L + # OF PNT--LITTER A+ # OF PNT--AMBULATORY (SITTING)		
6 SECURITY OF PICKUP SITE*			N--NO ENEMY TROOPS P--POSSIBLE ENEMY TROOPS (CAUTION) E--ENEMY TROOPS IN AREA (CAUTION) X--ENEMY TROOPS IN AREA (ARMED ESCORT REQUIRED)		
7 METHOD OF MARKING PICKUP SITE			A--PANELS B--PYROTECHNIC SIGNAL C--SMOKE SIGNAL D--NONE E--OTHER		
8 PATIENT NATIONALITY AND STATUS			A--US MILITARY B--US CIVILIAN C--NON-US MILITARY D--NON-US CIVILIAN E--EPW		
9 NBC CONTAMINATION*			N--NUCLEAR B--BIOLOGICAL C--CHEMICAL		
NEAREST AXP		DESTINATION MTF		DEST FREQ/CALL SIGN	ETE

NOTES:
 (EXPLAIN DELAYS)
 (LIST MSR'S OR AIR CORRIDORS)
 (LIST EXCHANGE REQUIREMENTS)
 *WARTIME

Figure F-7. Sample medical evacuation request work sheet.

