



Unit for Pre-hospital Emergency Care
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REQUEST FOR PREHOSPITAL EMERGENCY CARE DATA

Please complete the form and email to nurul.asyikin.mohd.jalil@upec.sg

Reminder: Abstract and manuscript must be sent to UPEC Administrator and receive clearance for approval before submission for presentation/publication.

1. BASIC INFORMATION	
Name:	Department:
Email:	Institution:
2. STUDY TITLE	
3. ABSTRACT OF STUDY PROPOSAL	
In no more than 300 words , describe the study under the given headings below.	
Objectives/Hypotheses	
Methodology (To include sample size, settings, inclusion & exclusion criteria, etc. For secondary & explanatory analyses: include statistical plan, type of analyses, measurement, etc.)	
4. DATA FIELDS	
Please list the requested data fields below (if necessary, attach a separate document).	

For Official Use

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