



**\*\* THIS FORM MUST BE SENT WITH ALL PCR SHIPMENTS! MAKE COPIES OF THIS FORM! \*\***

### S.T.E.M.S. PCR Coversheet

Agency Name: \_\_\_\_\_

NYS DOH BEMS Agency Code: \_\_\_\_\_

Current EMS Captain: \_\_\_\_\_

\*\*\*\*\*  
If you are submitting this coversheet for a month with *no calls* please check here: \_\_\_\_\_  
If so, this form can be faxed to 716-372-5217 or scanned and emailed to [STEMS@sthcs.org](mailto:STEMS@sthcs.org).  
\*\*\*\*\*

Month and Year of PCRs being sent: \_\_\_\_\_

Number of completed PCRs being sent: \_\_\_\_\_

Number of voided PCRs being sent: \_\_\_\_\_

*I affirm that I have packaged these PCRs as outlined in the STEMS PCR Sending Guidelines and have reviewed them for completeness, including date of call, agency code, location code, patient name, date of birth, social security number and presenting problem (as required by call type). PCRs with missing information have been completed prior to sending them to S.T.E.M.S.*

Person sending these PCRs: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to: Southern Tier Health Care System  
ATTN: S.T.E.M.S. PCR Review  
One Blue Bird Square  
Olean, NY 14760