



**Kidney Community  
Emergency Response**

# End Stage Renal Disease Quality Reporting System (EQRS) Emergency Module New Incident Form

## Instructions

1. End Stage Renal Disease (ESRD) Networks should use this form to notify Kidney Community Emergency Response (KCER) of any emergency or disaster incident that will require activation of the EQRS Emergency Module.
2. Email the completed form to:
  - [KCERinfo@hsag.com](mailto:KCERinfo@hsag.com)
  - [klenoir@hsag.com](mailto:klenoir@hsag.com)
  - [yvichot@hsag.com](mailto:yvichot@hsag.com)

## Incident Details

Start Date: \_\_\_\_\_ Incident Name: \_\_\_\_\_

Emergency Type: \_\_\_\_\_

Current Level of Network Activation: \_\_\_\_\_

## Facilities Impacted

Facilities can be added at the Network, state, county, ZIP code, or individual facility levels. Please provide a list of the facilities that will be required to report for the incident, (i.e. Network[s], state[s], county[ies], ZIP code[s], or individual facility CCN[s]).

**Fill out one category only.**

Network(s)	State(s)	County(ies)	ZIP Code(s)	Individual Facility CCN(s)

CCN = The Centers for Medicare & Medicaid Services Certification Number

## Additional Details or Information

Network Submitting Form: \_\_\_\_\_ Network Staff Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_