

## U.S. ARMY MEDICAL TEST AND EVALUATION ACTIVITY REQUEST FOR SUPPORT

<b>FROM:</b>		<b>TO:</b> Deputy Director, U.S. Army Medical Test and Evaluation Activity ATMC-MB 2377 Greeley Road, Suite T-Box 201 Joint Base San Antonio – Fort Sam Houston, TX 78234-7584		
1. Support desired (mark "X" as appropriate):	a. Operational Test	b. Demonstration	c. Other (specify):	
2. Purpose of event: (e.g., support major milestone, report on effectiveness and suitability, modernization information, provide data for program progress)				
3. Name of system involved:				
4. Projected test article availability date:				
5. Acquisition Strategy: (e.g., Urgent Capability Acquisition, Middle Tier of Acquisition, Major Capability Acquisition, Software Acquisition, Defense Business System, Acquisition of Services, Modernization Effort)				
6. Milestone or decision to be supported:			7. Projected date of milestone or decision:	
8. Does the project have a T&E integrated product team?	a. Yes	b. No	c. Remarks:	
9. POC information for acquisition stakeholders:				
Name	Organization, including office symbol and mailing address		Telephone number	E-mail address:
a1. Materiel Developer/ Program Sponsor:	a2. Organization:		a3. Telephone number:	a4. E-mail address:
b1. Capabilities Developer:	b2. Organization:		b3. Telephone number:	b4. E-mail address:
c1. AHS ACM:	c2. Organization:		c3. Telephone number:	c4. E-mail address:
d1. Logistician/TM Verification:	d2. Organization:		c3. Telephone number:	d4. E-mail address:
e1. Milestone Decision Authority:	e2. Organization:		e3. Telephone number:	e4. E-mail address:

<b>10. Status of documentation:</b>			
<b>Document</b>	<b>Responsible Agency</b>	<b>Due Date</b>	<b>Status (N/A if appropriate)</b>
<b>a. Acquisition Strategy:</b>			
<b>b. Test and Evaluation Strategy: (TEMP, SAMP, other)</b>			
<b>c. Requirements Document(s):</b>			
<b>d. Critical Operational Issues and Criteria:</b>			
<b>e. Operational Mode Summary/Mission Profile or Concept of Operations:</b>			
<b>11. Other Relevant Information:</b>			
<b>12. Name of Submitting Official: (Name, Organization, Office Symbol, Installation)</b>	<b>Phone Number:</b>	<b>E-mail Address:</b>	
<b>13. Date:</b>			
<b>14. USAMTEAC Official:</b>	<b>Phone Number:</b>	<b>E-mail Address:</b>	
<b>15. Date:</b>			