

***East Texas Gulf Coast Regional Trauma Advisory Council***

***Committee / Workgroup Report  
(For Synopsis Reports)***

Date: \_\_\_\_\_ Committee/Workgroup: \_\_\_\_\_ Number of attendees at meeting: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Topic(s) discussed: \_\_\_\_\_

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Action item(s): \_\_\_\_\_

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Comments: \_\_\_\_\_

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Comments: \_\_\_\_\_

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