

American Red Cross ARC-213

Form template URL

Form Type	ARC213		
Field Name	Field ID	Required	Mandatory Values
DR #	1		
Incident Name	2		
Message #	3		
To (Name/Position)	4		Routine, Priority, Urgent
From (Name/Position)	5		
Subject	6		
Date	7		
Time	8		
Original Message	9		
Approved By	10		
Position/Title	11		
Reply	12		
Replied By (Names/Position)	13		
Replied Date & Time	14		

