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| **Date Submitted to DPH:** | | | OPEM 213 - Resource Request Form – COVID19 | | | | | | Page 1 of 2  Version 03-23-2020 | |
| **I. REQUESTING AGENCY POINT OF CONTACT - Please Type all Answers** | | | | | | | | | | |
| **1**. Requestor’s Name (Please Print) | | | | | **2.** Title | | | **3.** Requestor’s Phone No. | | |
| **4**. Requestor’s Organization | | | | | | | **5**. Requestor’s E-Mail Address | | | |
| **6**. DELIVERY Address (include any special instructions, such as if there is a loading dock, or a 24/7 number needs to be called, etc). | | | | | | | **7**. 24/7 Contact Name and Phone number for delivery issues | | | |
| **II. REQUEST SPECIFICS - Please Type all Answers** | | | | | | | | | | |
| **7**. Order (Please complete all fields) | | | | | | | | | | |
| Qty. | Kind | Brand | | When will you run out of your current supply? (estimated) | | Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.) | | | | Date Need, pending availability |
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| **8**.If resources request has been fulfilled regionally, please explain how | | | | | | | | | | |
| **9.** The resource CANNOT be fulfilled locally | | | | | | | **10.** The resource CANNOT be fulfilled regionally | | | |

**Continue to next page**

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| **Continuation of form:**  **COVID-19 Specifics** | OPEM 213 - Resource Request Form – COVID19 | Page 2 of 2  Version 03-23-2020 |
| **III. Additional COVID-19 Related Questions – ALL QUESTIONS ARE REQUIRED AND MUST BE FILLED OUT TO THE BEST OF YOUR ABILITY** | | |
| **11**. As of the request date, what is your current supply of each of the items, in individual units, you requested? | | |
| **12**. For each item you requested, how many do you use each day when caring for emergent and urgent patients? | | |
| **13**. Are the items requested being used for emergent or urgent care only? | | |
| **14**. What conservation measures have you put into place? | | |
| **15**. Have you cancelled elective surgeries and/or non-urgent outpatient appointments (if applicable)? | | |

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