|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Submitted to DPH:** | | OPEM 213TS – Resource Request Form – COVID19  *Bamlanivimab and* Etesevimab  Please type your responses | | | | | Page 1 of 1  Version 07-22-20 |
| **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 and DPH Facility ID number | | | | **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** | | | | | | | |
| **9**. Order (Please complete all fields) | | | | | | | |
| Qty. | Item Available: | | | | | Date Need, pending availability | |
|  | **Bamlanivimab and Etesevimab** | | | | |  | |
| **III. QUESTIONS – Please Type ALL Answer (all are required)** | | | | | | | |
| **10.** Do you have refrigeration capacity to store at 2 to 8 degrees Celsius if needed?  \_\_\_\_\_\_\_\_ (Type Yes or No) | | | | **11**. Can you safely store the quantity requested at this temperature?  \_\_\_\_\_\_\_\_ (Type Yes or No) | | | |