

I. REQUESTING AGENCY POINT OF CONTACT - Please Type all Answers

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| 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. <u>24/7</u> 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

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| 9. <input type="checkbox"/> The resource CANNOT be fulfilled locally | 10. <input type="checkbox"/> The resource CANNOT be fulfilled regionally |
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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)?