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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

Page 1 OF 2

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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)?   |  |

Page 2 OF 2