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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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