

# REQUEST FOR MEDICAL RESOURCES

**If your facility needs medical resources, please contact your local Public Health District (PHD) to submit a formal request.**

The questions below will provide the information needed to help prioritize your request. **You must submit the information on this document with your request.**

1. Name and location of your organization (the entity requesting resources):
2. What resource are you requesting? Provide any details (In the comments below) necessary to help assure that you get the resource(s) you need (make, model, size, etc.)
  - N95 Respirators Qty: \_\_\_\_\_
  - Surgical Masks Qty: \_\_\_\_\_
  - Surgical Gloves Size: \_\_\_\_\_ Qty: \_\_\_\_\_ Size: \_\_\_\_\_ Qty: \_\_\_\_\_
  - Face Shield Qty: \_\_\_\_\_
  - Goggles Qty: \_\_\_\_\_
  - Coverall Qty: \_\_\_\_\_
  - Procedure Gown Qty: \_\_\_\_\_
  - Ventilator Qty: \_\_\_\_\_
  - Medications Name: \_\_\_\_\_ Qty: \_\_\_\_\_
  - Personnel
  - Other

Comments:

3. What is your current inventory of the resource you are requesting?
4. What is the status of the requested resource in your facility or healthcare setting? (select one most pertinent statement)
  - Insufficient to conduct immediate clinical operations
  - Depleting stated resource supply with no identified order fulfillment
  - Depleting resource supply with insufficient incoming orders
  - No immediate issue, concern for future shortages
5. At your current rate of use, how long will your current inventory last? (Number of days, weeks or months)
6. Do you expect your rate of use to increase or decrease in the near future and if so, how will this change your answer to question 5?
7. Have you ordered the resource you are requesting through your normal supply chain?
  - Yes
  - No
8. Has there been a disruption in your normal supply chain?

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- Yes
- No

9. Have you attempted to order the requested resource(s) from other vendors?

- Yes. Which vendors:
- No, did not attempt

If no, explain why:

10. Have you attempted to order the requested resource(s) from other sources?

- Yes. Which source(s):
  - Health Care Coalition Partners
  - Healthcare System Partner
  - Corporate Resources
  - Local Public Health
  - Local County Emergency Manager
  - State Area Field Officer
  - Other

No. Did not attempt (Explain why):

11. If requesting PPE, did you preemptively stop performing elective procedures prior to PPE stocks reaching critical levels?

- Yes
- No

If no, explain:

12. What strategies have you implemented for optimizing the requested resources?

13. 24- hour point of contact for facility

Email

Phone number