

ALAMEDA COUNTY EMS - Medical/Health Request Form

Med/Health Request Form V7 (8/29/2018 15:20)

Please make sure that you view each page before submitting the form.

When you have completed the form, come back to this page to **submit the form via email (PREFERRED)**. If you are unable to email the form, print it out and fax it to (925)-803-2720

Instructions: This form should be used by facilities that are requesting resources that are “medical” in nature. This includes medical supplies, pharmaceuticals (medications, vaccines, antidotes, etc.), medical personnel, decontamination supplies, surge supplies, etc. This form is to be filled out completely and with enough detail that a non-medical logistics person would know **EXACTLY** what, and how much is needed. Please be as specific as possible. Indicate if a generic or similar product might suffice. This also assumes that there is an immediate need (not projected) and **ALL** avenues to procure material have been fully exhausted.

Facility Name & Contact Info		Date	Time (24Hr Format)	Request Originated By	
Facility Name:				Name:	
EOC or HCC Phone #:	<small>Numbers only 5105551212</small>	Requestor Email:		Contact Phone:	<small>Numbers only 5105551212</small>

Delivery Location (Include Address and specific location (e.g. - loading dock in back of building):

Street Address	City	Zip	Phone Number (Numbers only-5105551212)

Deliver Location (instructions)>	
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Pre-Request Instructions:

<input type="checkbox"/>	Do you have an immediate and significant need?
<input type="checkbox"/>	Have you exhausted your supply, or is exhaustion imminent?
<input type="checkbox"/>	Have you checked with your internal, corporate supply chain, and/or local jurisdictional partners?
<input type="checkbox"/>	Have you checked for availability of supplies with your normal external vendors, and “new” vendors to procure material?

Date

Provider

REQUEST DETAIL

Quantity **Unit of Measure** **Item Description** (Be very specific. Give description, specification, size, etc.)

			1
			2
			3
			4
			5

Date

Provider