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| **Emergency Medical Materiel Request Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Maryland Department of Health & Mental Hygiene**  **Office of Preparedness & Response** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Official Request**  **Exercise** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions:**  Type or legibly print (in black or blue ink) all known information that is asked for on this form. Ensure that the sections of the form that apply to you are filled out in their entirety. A separate form must be filled out for each delivery address. Items needed, that are not described on the inventory list can be requested by filling in the blank rows at the end of the inventory list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Hospitals Please complete and submit (Email/Fax) to your Local Health Department.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LHDs if received as an email attachment, please complete your portion and email to the DHMH DOC.**  **If Received as a Fax please complete and either email or fax to the DHMH DOC.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REQUESTING FACILITY DEMOGRAPHICS SECTION (*Completed by the Requesting Facility*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.** | **Date:** | |  | | | | | | | | |  | | **2.** | | | | | **Time:** | | |  | | | | | |  |
| **3.** | **Requesting Facility Name:** | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **4.** | **Delivery Address:** | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **5.** | **Requesting Individual’s Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| **6.** | **Requesting Individual’s Title:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| **7.** | **Requesting Individual’s Phone Number:** | | | | | | | **(** | |  | | | | | | **)** | |  | | | | | **--** | |  | | |  |
| **8.** | **Requesting Individual’s Email Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| **9.** | **Requesting Individual’s Signature:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| **10.** | **Facility POC Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| **11.** | **Facility POC Phone Number:** | | | **(** | |  | | | | **)** |  | | | | | | | | | **--** |  | | | | | | |  |
| **12.** | **Facility POC Email Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| **13.** | **Shipping/ Receiving POC Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **14.** | **Shipping/ Receiving POC Phone Number:** | | | | | | **(** | |  | | | | | | **)** | |  | | | | | | | **--** | |  | |  |
| **15.** | **Shipping/Receiving POC Email Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **16.** | **Off Loading Resources:** |  | | | **Dock Levelers** | | | | | | | |  | | | | **Handling Equip** | | | | | | | | | | |  |
| **17.** | **Largest Truck your facility can accommodate (in FT):** | | | | | | | | | | | | | | |  | | | | | | | | | | | **ft** |  |
| **18.** | **Specific Delivery Instructions / Directions Upon Arrival:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Coordinating Local Health Department Section (*Completed by Local Health Dept Only*)** | | | | | | | | | |
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| **1.** | **County:** |  |  | **2.** | **DOC Phone #:** | **(       )       --** | | |  |
| **3.** | **Reviewed By:** |  | | | | | **(Name)** | |  |
| **4.** | **Approved By:** |  | | | | | **(Name)** | |  |
| **5.** | **Time Sent to the DHMH Departmental Operations Center (Military Time):** | | | | | | |  |  |
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| **DHMH Departmental Operations Center Section (*Completed by DHMH Ops Ctr ONLY*)** | | | | | |
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| **1.** | **Reviewed By:** |  | | **(Name)** |  |
| **2.** | **Approved By:** |  | | **(Name)** |  |
| **3.** | **Time Sent to RSS (Military Time):** | |  |  |  |
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| **DHMH Emergency Medical Materiel Request Form**  **Official Request**  **Exercise** | | | | | |
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| **LINE**  **ITEM** | **DESCRIPTION** | **STOCK NUMBER** | **UNIT OF ISSUE** | **QUANTITY REQUESTED** | **QUANTITY SHIPPED** |
|  | Acyclovir, 1000mg/20ml | 55390-613-20 | PKG of 10 |  |  |
|  | Aero Chamber Plus, w/large mask | 58-80710 | CS of 10 |  |  |
|  | Aero Chamber Plus, w/o mask | 58-79710 | CS of 10 |  |  |
|  | Aero Chamber Plus, w/small mask | 58-88710 | CS |  |  |
|  | Albuterol Nebulizer Solution, 0.83mg/ml, 3ml | 00172-6405-49 | PKG of 1 |  |  |
|  | Alcohol pads, isopropyl, 70 1 1/4" x 2 1/2" | MDS090730 | CS of 3000 |  |  |
|  | Amoxicillin 400mg/5ml oral suspension, powder, 100ml bottle | 63304-970-04 | CS of 96 |  |  |
|  | Amoxicillin 500mg oral Capsule unit of use #30 cap bottle | 66336-511-30 | CS of 40/80/480 |  |  |
|  | Amoxicillin 500mg oral capsules #500 cap bottle | 0172-7414-70 | CS of 36 |  |  |
|  | Amphotericin B IV 50mg vial | 0013-1405-44 | PKG of 5 |  |  |
|  | Aspirator, Laerdal | 88-00-20 | CS of 1 |  |  |
|  | Aspirator, Laerdal, Battery, rechargeable | PN 884301 | EA of 1 |  |  |
|  | Aspirator, Medline 601 | MIN601 | EA of 1 |  |  |
|  | Aspirator, Medline 605 | MIN605 | KT of 1 |  |  |
|  | Aspirator, Suction canister, disp. 1500cc stem inlet | GMC20080003 | CS of 48 |  |  |
|  | Atropen 0.5mg Autoinjector | 11704-104-01 | EA of 1 |  |  |
|  | Atropen 1mg Autoinjector | 11704-105-01 | EA of 1 |  |  |
|  | Atropine 0.4mg/ml x 20ml soln. for inj., multi-dose vial | 63323-234-20 | CS of 100 |  |  |
|  | Bandage, Conforming Gauze 4x4 | NON25494 | CS of 96 |  |  |
|  | Bandage, Dressing burn, USP type VII gauze 18 x 18 | 7911 | CS of 70 |  |  |
|  | Bandage, abdominal pad, sterile, 8"x 10" | 7198 | CS of 320 |  |  |
|  | Bandage, dressing, gauze, 4x4, sterile sponge (2 per pack) | NON21424 | CS of 1200 |  |  |
|  | Bandage, gauze sterile bulk, 4.5"x147" | NON25865 | CS of 100 |  |  |
|  | Calcium-DTPA, Hameln, Licensed | 52919-0001-03 | CS of 100 |  |  |
|  | Calcium-DTPA, Heyl, IND | 4041 | BX of 1 |  |  |
|  | Carpuject Device | 0074-2049-02 | CS of 50 |  |  |
|  | Ciprofloxacin 250mg/5ml oral suspension, powder, 100ml bottle | 0085-1777-01 | CS of 24 |  |  |
|  | Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle | 66336-509-20 | CS of 100 |  |  |
|  | Ciprofloxacin 500mg oral tablet, 100# tablet bottle | 0026-8513-51 | CS of 144 |  |  |
|  | Ciprofloxacin soln. for inj., 400mg in D5W 200ml flexi-bag | 0026-8554-63 | CS of 24 |  |  |
|  | Clindamycin phosphate, 150mg/cc in 6cc vial | 0074-4052-01 | PKG of 25 |  |  |
|  | Cyanide antidote kit, Akorn | 11098-507-01 | KT of 1 |  |  |
|  | Dexamethasone 'Sodium Phosphate (Decadron) 10mg/ml 1ml | 63323-506-01 | PKG of 25 |  |  |
|  | Dextrose 5 NACL .45Injection 1000ml | 0074-7926-09 | CS of 12 |  |  |
|  | Diazepam soln. for inj., 5mg/ml x 2ml auto-injector | 6505-01-274-0951 | CS of 150 |  |  |
|  | Diazepam soln. for inj., 5mg/ml, x 10ml multi-dose vial | 0074-3213-02 | CS of 25 |  |  |
|  | Doxycycline 100mg oral tablet, #20 tab unit of use | 0172-3626-42 | CS of 100 |  |  |
|  | Doxycycline 100mg oral tablet, #50 tab unit of use | 66336-510-50 | CS of 720 |  |  |
|  | Doxycycline 100mg oral tablet, #500 tab bottle | 0172-3626-70 | CS of 24 |  |  |
|  | Doxycycline 100mg/20ml vial for inj. | 63323-130-11 | CS of 100 |  |  |
|  | Doxycycline 25mg/5ml oral suspension, powder, 60ml bottle | 0069-0970-65 | CS of 48 |  |  |
|  | Endotracheal tube stylet, 10 FR, adult | 1000 | BX of 1 |  |  |
|  | Endotracheal tube stylet, 14 FR, adult | 5025-07 | CS of 20 |  |  |
|  | Endotracheal tube stylet, 6 FR, infant | 500 | CS of 8 |  |  |
|  | Endotracheal tube stylet, 8 FR, pediatric | 750 | CS of 8 |  |  |
|  | Endotracheal tube, 3mm ID, uncuffed, infant | 5-10406 | CS of 10 |  |  |
|  | Endotracheal tube, 4mm ID, uncuffed, infant | 5-10408 | CS of 10 |  |  |
|  | Endotracheal tube, 5mm ID, uncuffed, pediatric | 5-10410 | CS of 10 |  |  |
|  | Endotracheal tube, 6.5mm 26 FR | DYND43065 | CS of 12 |  |  |
|  | Endotracheal tube, 6mm ID, cuffed pediatric/small adult | 5-10312 | BX of 10 |  |  |
|  | Endotracheal tube, 7.5mm 30 FR | DYND43070 | CS of 12 |  |  |
|  | Endotracheal tube, 7mm ID, cuffed adult | 5-10314 | CS of 10 |  |  |
|  | Endotracheal tube, 8mm ID, cuffed, adult | 5-10316 | BX of 10 |  |  |
|  | Epinephrine HCl 1:10000 10ml syringe/needle for injection | 0074-4921-34 | CS of 5 |  |  |
|  | Epinephrine soln., 0.15mg auto-injector 1:2000 | 49502-501-01 | CS of 12 |  |  |
|  | Epinephrine soln., 0.3mg auto-injector 1:1000 | 49502-500-01 | CS of 12 |  |  |
|  | Fluoroscein Dye Strips | 17478-400-01 | BX of 100 |  |  |
|  | Gentamicin soln. for inj., 40mg/ml x 20ml multi-dose vial | 63323-010-20 | CS of 100 |  |  |
|  | Gloves, large, non-sterile, powder-free, non-latex | MDS192076 | CS of 1000 |  |  |
|  | Gloves, medium, non-sterile, powder free, non-latex | MDS192075 | CS of 1000 |  |  |
|  | IV Intermittent injection site, long, with Luer-Lok | 2N1198 | CS of 200 |  |  |
|  | IV Starter Kit | DYK1163426IV | KT of 1 |  |  |
|  | IV admin set, solution continuous flow 2 inj sites | 2C5519 | CS of 48 |  |  |
|  | IV admin set, solution continuous flow 3 inj sites | 2C5521 | CS of 48 |  |  |
|  | IV administration set, 10 drop/ml, unvented | 2C5417 | CS of 48 |  |  |
|  | IV administration set, 10 drop/ml, vented | 2C5419 | CS of 48 |  |  |
|  | IV administration set, 60 drop/ml, unvented,2 y-sites | 2C5424 | CS of 48 |  |  |
|  | IV catheter/needle, 18G x 1 1/4" | 2N1114 | CS of 200 |  |  |
|  | IV catheter/needle, 20G x 1 1/4" | 2N1115 | CS of 200 |  |  |
|  | IV catheter/needle, 20G x 1 1/4" Surflash Teflon | SR-OX2032CA | CS of 200 |  |  |
|  | IV catheter/needle, 24G x 5/8" | 2N1117 | CS of 200 |  |  |
|  | IV set, Secondary Medication Set with Luer Slip adapter and 18g needle 10gtt/ml, 35" (detached luer) hanger | 2C7417 | CS of 48 |  |  |
|  | IV site transparent dressing, 2"x3" | MSC2002 | CS of 400 |  |  |
|  | Kytril 1mg in 1cc vial | 0004-0239-09 | EA of 1 |  |  |
|  | Laceration Repair Kit, Sterile (d/c) | DYNDN1005 | CS of 16 |  |  |
|  | Lactated Ringers Injection 1000ml | 0074-7953-09 | CS of 12 |  |  |
|  | Laryngoscope handle/blade, disposable, small Mac 1 1/2 | 56901 | BX of 10 |  |  |
|  | Laryngoscope, Miller Size 1 | 0048-511-00 | CS of 20 |  |  |
|  | Laryngoscope, Miller Size 2 | 0048-522-00 | CS of 20 |  |  |
|  | Laryngoscope, handle, med/standard | 008621000 | EA of 1 |  |  |
|  | Laryngoscope, handle/blade, disposable, large Mac 3 | 56903 | BX of 10 |  |  |
|  | Levophed, 1mg/ml in 4cc amp | 0074-1443-04 | PKG of 10 |  |  |
|  | Manual pulmonary resuscitator MPR, Infant, with bag, mask, valve | (3-) K-7245 | CS of 12 |  |  |
|  | Manual pulmonary resuscitator MPR, adult, with bag, mask, valve | (3-) K-7521 | CS of 12 |  |  |
|  | Manual pulmonary resuscitator MPR, pediatric, with bag, mask, valve | (3-) K-7143 | CS of 12 |  |  |
|  | Mark 1 KIT 600mg pralidoxime/2mg atropine auto-injector | 6505-01-174-9919 | KT of 1 |  |  |
|  | Mask, Aerosol, Adult | AAM20 | CS of 50 |  |  |
|  | Mask, Aerosol, Ped | PAM10 | CS of 50 |  |  |
|  | Mask, Face Chamber, Green w/ties, latex free, Size Med/Lg (Medline) | NON27382 | CS of 6 |  |  |
|  | Mask, N95 Healthcare Respirator/Surgical, Large, NIOSH & FDA certified (Moldex-Metrics 3003) | 3003-N95-L | CS of 8 |  |  |
|  | Mask, N95 Healthcare Respirator/Surgical, Med/Lg, NIOSH certified (Moldex 2212) | 2212N95-Medium/Large | CS of 12 |  |  |
|  | Mask, N95 Healthcare Respirator/Surgical, Small, NIOSH & FDA certified (Moldex-Metrics 3001) | 3001-N95-S | CS of 8 |  |  |
|  | Mask, N95 Healthcare Respirator/Surgical, Small, NIOSH certified (Moldex 2201) | 2201N95-SMALL | CS of 12 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH & FDA certified (3M 1860) | 1860 | CS of 1 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH & FDA certified, fluid resistant (Tyco/Kendall 1730) | 1730 | CS of 12 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 8000) | 8000 | CS of 1 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 8210) | 8210 | CS of 1 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 9210) | 9210 | CS of 1 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, One Size Fits All, NIOSH & FDA certified flat fold/three panel white (3M 1870) | 1870 | CS of 120 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Reg, duck bill NIOSH & FDA certified fluid resist shield (Kimberly Clark 46727) | 46727-17 | CS of 210 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Small, NIOSH & FDA certified (3M 1860-S) | 1860-S | CS of 6 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, Small, NIOSH & FDA certified (KC 46827) | 46827-10 | CS of 210 |  |  |
|  | Mask, N95 Particulate Respirator/Surgical, one size, SAS NIOSH certified, dust resist | 8611 | CS of 120 |  |  |
|  | Mask, N95 Respirator, Med, NIOSH & FDA certified (Moldex-Metrics 3002) | 3002N9-M | CS of 8 |  |  |
|  | Mask, Secure Gard Procedure, universal size (Cardinal AT-7511) | AT-7511 | CS of 6 |  |  |
|  | Mask, Standard Procedure, Yellow, Pleat style w/Ear Loops. one size fits all, (Kimberly-Clark) | 47117 | CS of 10 |  |  |
|  | Mask, Surgical Mask, Blue Pleat w/ties, One Size Fits All, (Kimberly Clark) | 48100 | CS of 6 |  |  |
|  | Methylprednisolone 125mg 2ml powder/diluent vial for inj | 0009-0190-16 | BX of 1 |  |  |
|  | Morgan Eye Lense | IV-2000 | BX of 1 |  |  |
|  | Morphine Sulfate, 10mg/ml, 1ml, LL(luer-loc) | 0409-1261-30 | CS of 100 |  |  |
|  | Nasal Cannula-Pediatric, w/7' no crush tube | HCS4518 | CS of 200 |  |  |
|  | Nasal cannula-Adult, w/7' no crush tube | HCS4514 | CS of 50 |  |  |
|  | Nasogastric (Salem Sump) Tube 6 FR | 8888-2680-60 | CS of 10 |  |  |
|  | Nasogastric (Salem Sump) Tube 8 FR | 8888-2680-86 | CS of 10 |  |  |
|  | Nasogastric tube, adult, 14 FR | 8888-264945 | CS of 50 |  |  |
|  | Nasogastric tube, adult, 16 FR | 8888-264960 | CS of 50 |  |  |
|  | Nasogastric tube, pediatric, 10 FR | 8888-264911 | CS of 50 |  |  |
|  | Nebulizer, T-mouthpiece, 7' tube | 4650D-621 | CS of 50 |  |  |
|  | Nebulizer, T-mouthpiece, 7' tube | HCS4482 | CS of 1 |  |  |
|  | Oropharyngeal airway, Berman, 100mm adult | DYND60425 | BX of 12 |  |  |
|  | Oropharyngeal airway, Berman, 40mm infant | DYND60400 | BX of 12 |  |  |
|  | Oropharyngeal airway, Berman, 60mm, pediatric | DYND60410 | BX of 12 |  |  |
|  | Oropharyngeal airway, Berman, 80mm, Adult | DYND60415 | BX of 12 |  |  |
|  | Oropharyngeal airway, Berman, 90mm, adult | DYND60420 | BX of 12 |  |  |
|  | Oxycodone/Acetaminophen 5mg/325mg #500 tabs | 0406-0512-05 | CS of 6 |  |  |
|  | Oxygen Mask, Non-Rebreather Newborn | 3954-98 | CS of 50 |  |  |
|  | Oxygen mask, non-rebreather, adult | HCS4640 | CS of 50 |  |  |
|  | Oxygen mask, non-rebreather, pediatric | HCS4642 | EA of 1 |  |  |
|  | Penicillin G Potasium 20MU | 0049-0530-28 | CS of 25 |  |  |
|  | Polymixin/bacitracin antibiotic ointment, 0.9gm packet | 0168-0021-09 | BX of 1 |  |  |
|  | Potasium IodineTablets-KI | 51803-001-02 | CS of 1500 |  |  |
|  | Povidone Iodine swabsticks, 10 triple paks | MDS093902 | PKG of 1 |  |  |
|  | Pralidoxime 1gm powder vial for injection | 0046-0374-06 | CS of 46 |  |  |
|  | Probenecid 500mg 8's tab | 11819-282-08 | BT of 1 |  |  |
|  | Promethazine Phenergan 25mg/1cc | 60977-001-01 | CS of 40 |  |  |
|  | Prussian Blue, Heyl | 58060-002-01 | BT of 1 |  |  |
|  | Prussian Blue, Heyl, IND | IND51,700 | BT of 1 |  |  |
|  | Rimantadine, Hcl, 100mg tabs | 0258-3711-01 | BT of 1 |  |  |
|  | Scalp Vein Set | 26078 | CS of 1 |  |  |
|  | Silvadene Cream 1% Silver Sulfadiazine | 49884-600-40 | CS of 6 |  |  |
|  | Sodium Chloride 0.9% 3ml Carpuject IV Flush, Preservative Free | 0074-1918-33 | CS of 8 |  |  |
|  | Sodium Chloride for inj., 0.9 1000ml flexi-bag | 2B1324X | CS of 14 |  |  |
|  | Sodium Chloride for inj., 0.9 100ml flexi-bag | 2B1302 | CS of 96 |  |  |
|  | Solidifier, safesorb | DYNDSB3000 | CS of 96 |  |  |
|  | Stapler, Skin, Disposable | 054873 | CS of 96 |  |  |
|  | Sterile water for injection, preservative free, 10ml vial | 0074-4887-10 | PKG of 1 |  |  |
|  | Suction catheter 10 FR | DYND40100 | CS of 200 |  |  |
|  | Suction catheter 14 FR | 31490 | CS of 50 |  |  |
|  | Suction catheter 14 FR, sterile, flexible, with control valve | DYND40102 | CS of 50 |  |  |
|  | Suction catheter 8 FR | DYND40908 | CS of 200 |  |  |
|  | Suction tip, yankauer, w/control vent bulbous tip sterile | 505024 | CS of 50 |  |  |
|  | Suction tip, yankauer, w/control vent flanged tip non-sterile | DYND50132 | CS of 50 |  |  |
|  | Suture, Dexon/vicryl 4-0 30" p-12 needle | SL-5637 | BX of 1 |  |  |
|  | Suture, Dexon/vicryl 5-0 18" p-3/p-13 needle | SL-1687 | BX of 1 |  |  |
|  | Suture, Dexon/vicryl 6-0 18" p-3/p-13 needle | SL-1613 | BX of 1 |  |  |
|  | Suture, Monosof 4-0 18" black PC-3/PC-11 needle | SN-1964 | BX of 1 |  |  |
|  | Suture, Monosof 5-0 18" black p-3/p-13 needle | SN-1698 | BX of 1 |  |  |
|  | Suture, Monosof 6-0 18" black p-3/p-13 needle | SN-1696 | BX of 1 |  |  |
|  | Syringe 10ml, 20G x 1 1/2" needle | 3SS-10L2038 | CS of 600 |  |  |
|  | Syringe, oral dosing, calibrated 10ml | 8881-907102 | CS of 500 |  |  |
|  | Tamiflu 75mg Capsules | 0004-0800-08 | CS of 48 |  |  |
|  | Tamiflu Oral Suspension 12mg/ml 25ml | 0004-0810-95 | CS of 18 |  |  |
|  | Tape, cloth, 1" x 10 YD, (Durapore or equivalent) | 8333-1538-01 | BX of 1 |  |  |
|  | Tape, paper, 2"x 10 YD | NON260002 | CS of 48 |  |  |
|  | Tourniquet, latex-free, 3/4" x 18" | 18680 | EA of 1 |  |  |
|  | Tubing, Oxygen, Green bubble w/bubble every 1/8 x 100 | 8888-230201 | EA of 1 |  |  |
|  | Vancomycin, 1gm Vials | 0074-6533-01 | CS of 50 |  |  |
|  | Ventilator, 754 | IMP754 | EA of 1 |  |  |
|  | Ventilator, LP10 Kit | LP-10 | KT of 1 |  |  |
|  | Zanamivir (Relenza) 5mg | 0173-0681-01 | CS of 16 |  |  |
|  | Zinc-DTPA, Hameln, Licensed | 52919-0002-03 | CS of 100 |  |  |
|  | Zinc-DTPA, Heyl, IND | 14603 | BX of 1 |  |  |
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| **DHMH Materials Management Section (*Completed by DHMH RSS Personnel*)** | | | | | | | | |
|  | | | | | | | | |
| **1.** | **Picked By:** |  |  | **Time:** |  | **Date:** |  |  |
| **2.** | **Packed By:** |  |  | **Time:** |  | **Date:** |  |  |
| **3.** | **QA’d By:** |  |  | **Time** |  | **Date:** |  |  |
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| **Requesting Facility Materials Management Section (Completed by the Receiving Facility)** | | | | | | | | |
|  | | | | | | | | |
| **1.** | **Received By:** |  | | | | | **(Name)** |  |
| **2.** | **Receiver’s Title:** |  | | | | | **(Name)** |  |
| **3.** | **Receiver’s Signature:** |  | | | | |  |  |
| **4.** | **Time Received (Military Time):** | |  | **5.** | **Date Received:** |  | |  |
|  | | | | | | | | |