**REMEDY at Duke**

**Supply Request Application**

**About REMEDY at Duke:**

REMEDY at Duke is a volunteer program of Duke University Medical Center in Durham, North Carolina, organized to recover usable surplus single-use medical supplies and distribute them via Duke affiliated projects to areas of need (<http://sites.duke.edu/remedy>). The program is modeled after REMEDY at Yale University and is carried out by volunteers.

**What REMEDY at Duke can provide:**

REMEDY at Duke collects primarily single-use, disposable items (see list below). We do not collect medications, machines or monitors. We do collect some durable medical equipment, such as walkers, canes, crutches and wheelchairs. Donation is subject to the availability of surplus and we cannot guarantee all the quantities or types of items you need.

Priority is given to Duke-affiliated projects and to Duke faculty, staff and students. However, local non-profit 501(c)3 organizations unaffiliated with Duke University who provide volunteer medical assistance to underserved areas may also request medical supplies from the REMEDY program. The receiving organization must submit this completed information sheet as well as a copy of its 501(c)3 certificate.

Receiving organizations are responsible for the loading and transportation of supplies from the Duke University storage site. Although REMEDY at Duke makes all efforts to donate supplies that are usable, clean, and unexpired, Duke University and Duke University Health System accepts no liability for donated supplies and the receiving individual or organization is responsible for ensuring the supplies are safe and appropriate for use in patient care.

**1. Instructions:**

* Complete one form per organization and sign the “*Disclaimer and Release from Liability Form*” at the end:
* Return your completed application to:

John Lohnes

REMEDY at Duke

Box 3338, Duke Medical Center

Durham, NC 27710

Fax to 919-681-6357 or email to:

john.lohnes@duke.edu

**2. Contact Information:**

|  |  |
| --- | --- |
| Name of individual(s) requesting supplies: |  |
| Contact Local Address: |  |
| Contact Telephone Number: |  |
| Contact Email: |  |

**3. Recipient Information:**

|  |  |
| --- | --- |
| Name of sponsoring organization: |  |
| Organization mailing or web address: |  |
| 501(c)3 number (if applicable) |  |
| Brief description of organization or project (mission, scope, funding) |  |
| Country and location(s) where supplies will be donated/distributed |  |
| Dates of mission/project |  |
| Date supplies will be picked up |  |
| How will supplies be transported? (shipping container, checked luggage, mailed, etc.). If luggage, how many bags? |  |
| Will you accept any supplies that are past expiration date (within 1 year)? *All sterile product is in original packaging.* |  |

**4. List of Requested Supplies**

Please indicate the supplies you need. Donations are subject to availability and we cannot guarantee we will have all of the items or quantities you request. The items shown below represent the most common surplus items we receive, but this is not a complete list. Please indicate any other supplies you are looking for.

|  |  |  |
| --- | --- | --- |
| **Description of Supplies** | **Quantity** | **Specify size, type or product preference if applicable)** |
| **PERSONAL PROTECTIVE EQUIPMENT** |  |  |
| Non-sterile exam gloves (100/box) S, M, L, XL |  |  |
| Sterile surgical gloves (pair) Sizes 5 to 9 |  |  |
| Ear-loop or tie on face masks (50/box) |  |  |
| N-95 isolation masks (20/box) |  |  |
| Sterile disposable gowns |  |  |
| Disposable isolation gowns |  |  |
| Surgical caps/bonnets |  |  |
| Disposable shoe covers |  |  |
|  |  |  |
| **BANDAGES & DRESSINGS** |  |  |
| Gauze rolls |  |  |
| Gauze pads |  |  |
| Cotton balls |  |  |
| Cotton tipped swabs |  |  |
| Steri-Strips |  |  |
| Adhesive strips (Band-Aids) |  |  |
| Tubular elastic dressing |  |  |
| Op-site/Tegaderm transparent dressings |  |  |
| Tape (silk, paper or plastic) |  |  |
| Medicated gauze (petroleum or Xeroform) |  |  |
| Coban or Ace elastic bandage |  |  |
| Gauze packing strips (bottles) |  |  |
| Dressing change packs |  |  |
| Wound vac dressings |  |  |
|  |  |  |
| **SYRINGES AND IV SUPPLIES** |  |  |
| Syringes |  |  |
| Injection needles |  |  |
| IV catheters |  |  |
| IV infusion sets |  |  |
| IV start kits |  |  |
| Spinal needles  |  |  |
| **ANTISEPTICS** |  |  |
| Betadine (4oz or 8oz bottle) |  |  |
| Betadine (swab sticks) |  |  |
| Alcohol (4oz or 8 oz bottle) |  |  |
| Alcohol prep pads (200/box) |  |  |
| Alcohol or Chloraprep swab sticks  |  |  |
| Disinfecting wipes (packets) |  |  |
| Disinfecting wipes (canisters) |  |  |
| Hand sanitizer |  |  |
| Peroxide (4oz or 8 oz bottle) |  |  |
| Saline irrigation (1 liter bottle) |  |  |
|  |  |  |
| **SURGICAL AND SUTURING SUPPLIES** |  |  |
| Disposable scalpels (sizes 10, 11, 15) |  |  |
| Disposable surgical blades (sizes 10, 11, 15) |  |  |
| Suture packs (specify type and size) |  |  |
| Needle drivers |  |  |
| Suture scissors |  |  |
| Forceps |  |  |
| Hemostats |  |  |
| Surgical drapes |  |  |
| Surgical towels (cloth) |  |  |
|  |  |  |
| **LABORATORY & BLOOD COLLECTION** |  |  |
| Specimen cups |  |  |
| Plastic specimen bags |  |  |
| Vacutainer blood collection tubes |  |  |
| Vacutainer tube holders |  |  |
| Push button butterfly phlebotomy needles |  |  |
| Lancets |  |  |
| Elastic tourniquets |  |  |
| Microscope slides |  |  |
| Hemoccult cards and developer (box of 100) |  |  |
| Urine dipsticks (bottle of 100) |  |  |
| Plastic disposable pipettes |  |  |
| Culture swabs |  |  |
| **DIAGNOSTIC** |  |  |
| Stethoscopes |  |  |
| Tongue blades |  |  |
| BP cuffs (for use with automated BP machine) |  |  |
| Tourniquet cuffs (automated) |  |  |
| Thermometer probe covers (box) |  |  |
| Ultrasound gel (packets) |  |  |
| Ultrasound gel (bottle) |  |  |
| Vaginal speculum |  |  |
| Otoscope covers |  |  |
|  |  |  |
| **DRAINAGE & SUCTION** |  |  |
| Suction tubing |  |  |
| Suction tips (Yankauer) |  |  |
| Nasogastric tubes (Salem) |  |  |
| Urinary catheters (Foley) |  |  |
| Urine collection trays/bags |  |  |
| Thoracic/pleural drains and chest tubes |  |  |
| Wound drains (Hemovac) |  |  |
| Wound vac containers |  |  |
| Bulb irrigation syringes |  |  |
|  |  |  |
| **ORTHOPEDIC SUPPLIES** |  |  |
| Splints, slings and immobilizers |  |  |
| Plaster or fiberglass casting rolls/ splints |  |  |
| Tubular stockinette |  |  |
| Cast padding |  |  |
| Walkers, canes, wheelchairs or crutches |  |  |
| Cervical collars |  |  |
|  |  |  |
| **RESPIRATORY/ANESTHESIA** |  |  |
| Endotracheal airways |  |  |
| LMA tubes |  |  |
| Oxygen tubing |  |  |
| Oxygen face masks |  |  |
| Ambi bags/ventilators |  |  |
| Airway suction catheters |  |  |
| Breathing circuits/ventilation tubing |  |  |
| Nebulizer tubing and masks |  |  |
|  |  |  |
| **PERSONAL CARE ITEMS** |  |  |
| Toiletries (lotions, soap, shampoo, combs, razors, toothpaste, toothbrushes) |  |  |
| Absorbable under pads (Chux) |  |  |
| Diapers (child or adult) |  |  |
| Feminine pads |  |  |
| Urinals or bedpans |  |  |
| Pillows |  |  |
| Plastic basins |  |  |
| Socks |  |  |
| Medication dispensing cups |  |  |
| Patient restraints |  |  |
| Patient protective supports/cushioning |  |  |
|  |  |  |
| **OTHER SUPPLIES NEEDED:**  |  |  |
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**DISCLAIMER AND RELEASE FROM LIABILITY**

The medical supplies being provided to the undersigned recipient by Duke University Health System, Durham, North Carolina, USA are offered as a donation in 'as is' condition and with no expressed or implied warranties, including no implied warranty of merchantability or fitness for a particular purpose. These medical supplies are not being sold; they are offered to the recipient facility as a donation made within the charitable mission of Duke University Health System, Inc.

The undersigned recipient agrees to exercise caution when removing and handling the donated medical supplies. The recipient agrees to examine and inspect each item to determine its suitability for patient use, and agrees that each item must be sterilized by the recipient facility before use in connection with patient care. The recipient facility agrees that the recipient facility will calibrate and assure fitness for use and accuracy of any calibrated supply. Duke University Health System, Inc. makes no assurance or representation of the sterility of these medical supplies or their appropriateness for use in patient care. The undersigned recipient accepts all responsibility and liability for use or handling of these medical supplies, and shall not seek to hold Duke University Health System, Inc. responsible for the consequences of the undersigned facility's use of the donated medical supplies. Duke University Health System, Inc. makes the donation of these medical to the recipient in express reliance on the terms of this Disclaimer and Release, and the undersigned recipient facility agrees to the principles and terms of this Disclaimer and Release in accepting the donated medical supplies.

\*Certification of Consignee and End User\*

The undersigned recipient certifies that articles being provided are for the sole-use of the undersigned recipient as the end-user. The articles will not be exported, sold, transferred, or disposed of to any location other than the ones intended and indicated on this form. Nor will the undersigned recipient transfer the property to any person or entity if there is reason to believe that it may result, directly or indirectly, in a disposition or transfer that is contrary to the statements of this certification. The undersigned recipient will promptly send a supplemental certificate to the US provider listed above disclosing any change of facts or intentions set forth in this statement.

AGREED:

I am an authorized official to sign on behalf of:

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Name of Receiving Organization

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Signature Date