**Maryland Department of Health**
**Office of Preparedness & Response**
**Emergency Medical Materiel Request Form**

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.

| **TO BE COMPLETED BY THE REQUESTING FACILITY** | | | | | |
|---|---|---|---|---|---|
| **1.** | **DATE:** | | **2.** | **TIME:** | |
| **3.** | **REQUESTING FACILITY NAME:** | | | | |
| **4.** | **DELIVERY ADDRESS:** | | | **COUNTY:** | |
| **5.** | **FACILITY POC NAME:** | | | | |
| **6.** | **FACILITY POC PHONE NUMBER:** | | | | |
| **7.** | **FACILITY POC EMAIL ADDRESS:** | | | | |
| **6.** | **ITEMS REQUESTED:** | *PROVIDE A GENERAL DESCRIPTION OF ITEMS AND QUANTITIES REQUESTED* ***(E.G. N95S, FACE SHIELDS, SURGICAL MASKS, GOWNS)***. | | | |
| **7.** | **CURRENT SUPPLY** | *PROVIDE A COUNT OF CURRENT PPE ITEMS ON HAND AND HOW LONG THE EXPECTED SUPPLY WILL LAST AT CURRENT BURN RATE.* | | | |
| **8.** | **CURRENT MEASURES IN PLACE TO CONSERVE HEALTH RESOURCES:** | *PROVIDE A DESCRIPTION OF CURRENT PPE CONSERVATION POLICIES IN PLACE ACCORDING TO CDC GUIDANCE.* | | | |
| **9.** | **CURRENT PATIENTS** | *PROVIDE A DESCRIPTION OF THE NUMBER OF PATIENTS IN YOUR FACILITY AND THE TYPE OF CARE THEY ARE RECEIVING* | | | |

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| **10.** | **SPECIFIC DELIVERY INSTRUCTIONS / DIRECTIONS UPON ARRIVAL:** |
| **11.** | **REQUESTOR INFORMATION:**<br><br>*REQUESTOR NAME:*<br><br>*PHONE NUMBER:*<br><br>*EMAIL ADDRESS:* |
| **12.** | **REQUESTOR AUTHORIZATION:**<br>*I HEREBY CERTIFY THAT THE ABOVE NAMED FACILITY IS TAKING ALL NECESSARY AND APPROPRIATE MEASURES TO CONSERVE PPE IN BOTH CURRENT SUPPLY AND REQUESTED ALLOCATION ACCORDING TO CDC GUIDANCE. I UNDERSTAND THAT THE FACILITY MAY NOT RECEIVE THE TOTAL AMOUNT OF SUPPLIES REQUESTED.*<br><br>**REQUESTOR SIGNATURE:** |