



Application for Container Shipment

To request one of MedShare's 40 foot containers of medical supplies and equipment, please complete this form and return to info@medshare.org or fax +1 770-323-4301. Items marked with an * are mandatory.

COMPLETING THIS APPLICATION

- *Date: _____
- *What is your name? _____
- *What is your e-mail address? _____
- What organization do you represent? _____

SHIPPING THE CONTAINER

CONSIGNEE

This is the organization which appears on official shipping documents as the recipient of the container. In some cases the Consignee is the healthcare institution which will utilize the donated medical supplies. In other cases it is a charitable organization which will receive the container and give the donated medical supplies to a local healthcare institution.

- *Name of organization: _____
- *Address EXACTLY AS IT SHOULD APPEAR ON OFFICIAL SHIPPING DOCUMENTS (street, city, state/province, postal code, etc. DO NOT PROVIDE P.O. BOX.)

_____ *City _____
- *Country: _____
- *What is the legal status of this organization?
 - Governmental
 - Charitable Organization
 - NGO/Non-Profit (not a charitable organization)
 - Other _____
- *Is this the healthcare institution which will USE the donated supplies?
 - Yes
 - No
- Comments: _____

NOTIFY PARTY

This is the person to whom official shipping documents will be mailed via ground courier. This person will use the shipping documents to remove the container from the port.

- *Name: _____
- Organization: _____
- *E-Mail: _____
- *Work Phone: _____
- Mobile Phone: _____
- Fax: _____
- *Address: _____
_____ *City _____
- *Country: _____
- Comments: _____
- *What is the ocean port where you wish the container to be sent? _____
MedShare ships the container to the ocean port nearest to the consignee. The consignee is responsible for transporting the container from the port to the hospital(s) where the medical supplies will be used.
- *MedShare requires the consignees to obtain **written permission for duty-free import** from the appropriate government agency prior to shipment of the container. Do you currently have permission for duty-free import?
 - Yes. I will e-mail or fax a copy of the approval letter to MedShare (info@medshare.org or fax: +1 770-323-4301)
 - Not yet, but I am working on it. I will send a copy to MedShare when I receive it.
- Comments: _____

- What laws does your country have regarding importation of donated medical supplies and equipment? (Check all that apply.)
 - Items that expire within _ months may not be imported
 - "Invasive" items that enter the body may not be imported
 - Refurbished equipment may not be imported
 - Equipment must be inspected before shipping
 - Equipment must include manuals
 - All items must be inspected prior to shipping
 - Consignee must obtain pre-approval of duty-free import prior to loading
 - Other _____



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THE HEALTHCARE INSTITUTION

Please describe the hospital(s)/clinic(s) which will use the donated medical supplies and equipment.

- *Name of healthcare institution: _____
- *Address: _____ •*City: _____ •*Country: _____
- *Phone: _____ •*Fax: _____ •*Web Site: _____
- *Contact person at healthcare institution: _____ •*Title: _____
- *E-mail: _____ •*Work Phone: _____ •*Mobile phone: _____

- *What is the legal status of this healthcare institution? (check all that apply)
 Private, for profit Public/Government Other _____
- *How many facilities will utilize the items sent in this shipment? _____
 Name: _____ No. of beds: _____ Name: _____ No. of beds: _____
 Name: _____ No. of beds: _____ Name: _____ No. of beds: _____
- What type of area this healthcare institution located in? Urban Rural
- How is this healthcare institution funded?
 Fee for service Government
 Donations Other: _____
- What is the annual budget? _____ •In what currency? _____
- Total number of patients treated: _____ per month _____ per year
- *What are the major health problems in this area? _____
- *What are the biggest problems this healthcare institution is facing? _____
- _____
- *How will your patients benefit from the medical supplies and equipment that MedShare sends? _____
- _____

- What electrical voltage is used?
 110 volts, 50 HZ
 110 volts, 60 Hz
 220 volts, 50 HZ
 220 volts, 60 HZ
- *How is Oxygen delivered?
 Central Oxygen
 Bottled Oxygen
 No Oxygen available
- *How are items sterilized?
 Autoclave
 Gas
 Other _____
- *Is there running water available?
 Yes
 No
- *Is there stable electrical current?
 Yes
 No
- *Is there internet access?
 Yes. Connection speed: _____
 No
- *What medical services are provided at this healthcare institution? (check all that apply)
 Primary care Pediatrics Dental
 Family Planning Intensive Care Nutritional
 Surgery Orthopedics Eye Care
 General Medicine X-ray/Imaging services Mental Health
 Emergency Care Laboratory Other: _____
 Obstetrics/Gynecology Endoscopy
- Please indicate the number of each type of staff position at this healthcare institution:
_____ Physicians _____ Biomedical Technicians _____ Surgeons
_____ Nurses _____ Community Health Workers _____ Anesthesiologists
_____ Midwives _____ Laboratory Technicians _____ Other: _____
_____ Dentists _____ Nutritionists
- Other comments about this healthcare institution: _____



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- Please identify which of the following two options the healthcare institution prefers to use for making the selection of medical supplies to go on the container:
 - A doctor, nurse, or other medical professional from the hospital will order the supplies from MedShare's online inventory website, using a unique username and password that MedShare will send them. (**Please note, this person must speak English, have good internet skills and a reliable internet connection, and several days available to spend.*) Name of medical professional who will place the online order: _____
Email: _____ Phone: _____
 - The hospital will give MedShare a list of the supplies that are needed and MedShare's staff nurse will make the selection from MedShare's supply inventory. MedShare will send the hospital a proposed full packing list to review and approve. (**Please note, this is the best option for hospitals with limited internet connectivity.*) Please list the medical supplies that the hospital needs here : _____

_____ (Attach additional page to this form if needed. Note that MedShare most likely will not have all the supplies the hospital requests.)

- What biomedical equipment do you wish to receive for this healthcare institution? (*Note: all equipment MedShare receives is donated. Although we make every effort to send you what you ask for, we may not have all the items in stock.*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Anesthesia machine | <input type="checkbox"/> Microscope – Surgical and Lab | <input type="checkbox"/> Vital Sign monitors (must have modules if required) |
| <input type="checkbox"/> Autoclave / Sterilizer – Table Top and Bulk | <input type="checkbox"/> Monitor – Cardiac and NIBP | <input type="checkbox"/> Weighing Scales - Adult, infants |
| <input type="checkbox"/> Cast Saw | <input type="checkbox"/> Nebulizer | <input type="checkbox"/> X-ray processors / developers |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Nerve stimulator | <input type="checkbox"/> X-ray view boxes (wall mounted only) |
| <input type="checkbox"/> Colposcope | <input type="checkbox"/> Ophthalmoscope | Lab Equipment and analyzers: |
| <input type="checkbox"/> Computers (Desktop – Pentium III or faster) | <input type="checkbox"/> Ophthalmic equipment (slit lamps, etc.) | <input type="checkbox"/> Spectrophotometer |
| <input type="checkbox"/> Computer Monitors (Flatscreen Only) | <input type="checkbox"/> OR lights – Portable and Ceiling Mounted | <input type="checkbox"/> Water bath heaters |
| <input type="checkbox"/> Defibrillator / Monitors | <input type="checkbox"/> Otoscopes | <input type="checkbox"/> Lab incubators |
| <input type="checkbox"/> Dermatome | <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Shakers |
| <input type="checkbox"/> Diagnostics Ultrasound with probe | <input type="checkbox"/> Patient warmers | <input type="checkbox"/> Lab washers |
| <input type="checkbox"/> EKG recorder (dual) | <input type="checkbox"/> Portable X-ray system (including portable mammography) | <input type="checkbox"/> Lab dryers |
| <input type="checkbox"/> Electrosurgical Unit | <input type="checkbox"/> Pulse Oximeter | <input type="checkbox"/> Lab digital precision scales |
| <input type="checkbox"/> Endoscopies Equipment | <input type="checkbox"/> Sphygmomanometer | <input type="checkbox"/> Coagulations analyzers |
| <input type="checkbox"/> Exam light | <input type="checkbox"/> Stethoscopes | <input type="checkbox"/> Humidifier chambers |
| <input type="checkbox"/> Fetal Doppler | <input type="checkbox"/> Suction pumps | <input type="checkbox"/> Blood gas analyzers |
| <input type="checkbox"/> Fetal monitor | <input type="checkbox"/> Surgical Head light | <input type="checkbox"/> Chemistry analyzers |
| <input type="checkbox"/> Glucose meter (Portable) – preferably with test strips and lancets | <input type="checkbox"/> Syringe pumps | <input type="checkbox"/> Haematocrit |
| <input type="checkbox"/> Humidifier | <input type="checkbox"/> Table – Exam, OR, Surgical and Delivery | <input type="checkbox"/> Microscopes (Binoculars) |
| <input type="checkbox"/> Hyfreator | <input type="checkbox"/> Thermometers (digital only) | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Infant Warmers | <input type="checkbox"/> Traction unit | |
| <input type="checkbox"/> Infant Incubator | <input type="checkbox"/> Ultrasound (echography) | |
| <input type="checkbox"/> Laryngoscopes | <input type="checkbox"/> Vaporizers | |
| <input type="checkbox"/> Medical refrigerator | <input type="checkbox"/> Ventilator | |

Hospital Furnishings:

- Beds
- Exam Tables
- Stretchers
- Wheelchairs
- Other: _____

- Comments: _____

- If your supply voltage is not 110 V/60 Hz, you may need additional transformers to properly operate the equipment you receive. At your request, MedShare can purchase transformers for you for an additional cost.

FUNDING



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MedShare is a non-profit organization and all of the medical supplies and equipment we send are donated. However, we do require funding to cover the cost of operating MedShare and the cost of shipping. The requested amount of funding is \$16,000 plus the actual shipping cost in most cases. **The contents of a typical MedShare container are valued at \$150,000-\$200,000!**

Please identify the source to provide the funding for this container:

• Will the funding will be provided by the healthcare institution that will use the supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• *Organization: _____	
• *Address: _____	• *City: _____ • *Country: _____
• *Phone: _____	• Fax: _____ • Web Site: _____
• *Contact person: _____	• Title: _____
• *E-mail: _____	• *Work Phone: _____ • Mobile phone: _____
• Comments: _____	

RECIPIENT AGREEMENT

Please e-mail signed agreement below to info@medshare.org or fax to +1 770-323-4301

I, _____
(Contact Person for Consignee)
guarantee that the supplies I receive as donations from MedShare International, Inc. will be delivered to _____/
(healthcare institution)
to benefit patients in need. I understand that these supplies are donated, have no commercial value, and therefore I will not sell or exchange these items for profit. I further attest that I have read and agree to receive donated items from MedShare according to the stipulations below.

Signature of Contact Person for Consignee

Date

Release and Indemnity

The medical supplies, equipment, materials and other items ("Materials") available from MedShare International ("MedShare") are items that would have been discarded or otherwise disposed of by hospitals or health care providers in the United States. These Materials are being made available strictly on an "as is" basis for humanitarian use in circumstances in which sufficient alternative sources of such resources are not available. The recipient organization recognizes that MedShare and the donor facilities do not make any representations or warranties, either express or implied, as to the condition of the Materials, and further recognizes that MedShare and the donor facilities make no representations or warranties, express or implied, that the Materials are fit, appropriate, free from defects, sterile, pure, operable, or otherwise suitable for any intended purpose. The recipient organization accepts the Materials "as is," with all faults, and acknowledges that the inspection for any defects and the safe operation of said Materials is solely the responsibility of the recipient organization. Each recipient organization, recipient facility, and responsible manager of such entities assumes full responsibility for making an independent determination of the appropriateness of the Materials (or any part thereof) before using them, and for discarding any Materials which are not appropriate for use. Under no circumstances shall MedShare, the manufacturer or distributor of the Materials, or any United States hospital or health care provider that ever owned or used the donated equipment, be liable to recipient organization or anyone for any direct, special, indirect, incidental, or consequential loss or damage resulting from the Materials or their use. To the maximum extent permitted by law, the recipient organization fully accepts and assumes all risks and all responsibility for losses, costs, and damages that the recipient organization, its agents, representatives, members, directors, officers, employees, agents, contractors, patients, and transferees ("Users") may incur as a result of the Materials or their use, including without limitation personal injuries, illness, damage, loss to property, and death.

MedShare and the recipient organization recognize that this agreement shall release MedShare and the donor facilities from any and all liability for personal injury and/or any other type of injury arising from the use of the Materials. The recipient organization acknowledges that the consideration for this release and indemnification is the donation of the Materials themselves. By making an application for the receipt of such Materials and by accepting such Materials, the recipient organization, to the maximum extent permitted by law, fully releases, acquits, and forever discharges MedShare, the donor facilities, and each and every past and present subsidiary, affiliate, officer, director, agent, servant, employee, trustee, and representative of MedShare and the donor facilities ("Released Persons and Entities") from any and all loss, damages, claims, causes of action, suits, debts, liens, obligations, liabilities, demands, costs and expenses of any kind, character, or nature whatsoever, known or unknown, fixed or contingent, which might arise from or be related or associated in any way with the Materials or their use, including but not limited to any injury, illness, disease, property damage, death, or loss of any nature suffered or sustained in connection with the use or possession of the Materials. To the maximum extent permitted by law, the recipient organization also agrees to indemnify, save, and hold the Released Persons and Entities harmless for any loss, damages, claims, causes of action, suits, debts, liens, obligations, liabilities, demands, costs and expenses (including attorneys' fees) of any kind, character, or nature whatsoever, known or unknown, fixed or contingent, which may be incurred arising out of or related to the use or possession of the Materials, regardless of the nature or the extent of the injury, illness, disease, property damage, death, or loss, and regardless of whether it results from the negligence of the Users or of the Released Persons and Entities. Recipient organization agrees to provide MedShare with photos and feedback whenever possible related to how the medical supplies and equipment from this shipment are used. Recipient organization gives MedShare permission to use stories, photos and video related to this shipment for marketing and fundraising purposes.