

## International Mission Trips

### Application B

Dear Friend,

At your request we are sending this application to you. This is for international mission trips with requested items being carried in your luggage. In order to be able to process your request we need the following items:

- I. The Application for Assistance-completed.
- li. A description of the trip - where you are going - when, including date of departure - what you will be doing on the trip (i.e. performing surgery on 25 people).
- lii. List of items you are requesting. If you need items not on attached list, please include since we might have them in stock at the time of your request.
- liii. If medicine is being requested: A. if a licensed physician is on the trip we need their name, address, phone # and a copy of their current license. B. if no physician is on the trip then the medicine MUST be delivered to a doctor in the country and we need their name, address and a copy of their current license.
- liv. We need a letter from the person paying the World Medical Relief service fee and if applicable, the shipping fee (if you are not picking the items up and we have to send it to you or to the recipient country).

When you return, we will need a report on the trip along with photographs, newspaper articles, etc. within 1 (one) month of your arrival. This is to help us publicize this program as well as verifying the legitimacy of the trip. Failure to do so may result in us not being able to work with you again.

We do hope we can be of assistance to you and will let you know our decision after all of the requested information is received.

Sincerely,

George Samson  
President & CEO

**WORLD MEDICAL RELIEF, INC.**  
**APPLICATION FOR ASSISTANCE**  
**APPLICATION B**

DATE OF APPLICATION \_\_\_\_\_

Applicant's Name Title \_\_\_\_\_

Address Phone \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Registration Number & Copy Of License Or Diploma Of Medical Professional Group Or  
Trip \_\_\_\_\_

\*\*\*\*\*

Sponsoring Organization Of The  
Mission: \_\_\_\_\_

Address Phone \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Contact Person Phone # \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail address (if  
available) \_\_\_\_\_

\*\*\*\*\*

Name Of Hospital, Clinic Or Health  
Facility: \_\_\_\_\_

Address Phone \_\_\_\_\_

City Or Province Country \_\_\_\_\_

Doctor Or Dentist \_\_\_\_\_

Registration Number & Copy Of License Or Diploma Of Medical Professional At The  
Facility \_\_\_\_\_

---

(FOR WMR USE)

+ + APPROVED DATE + + NOT APPROVED DATE \_\_\_\_\_

**WORLD MEDICAL RELIEF, INC.**  
**POLICY FOR DISTRIBUTION OF DRUGS, MEDICAL SUPPLIES AND EQUIPMENT**  
**APPLICATION B**

Preamble: World Medical Relief, Inc., operates exclusively for charitable purposes, through the receipt of contributions of cash and other properties, including medical and dental supplies, equipment, instruments and pharmaceuticals; and through the purchase of such items when required. It distributes these items for the benefit and relief of financially impoverished persons throughout the world in a nondiscriminatory fashion without regard to geography, race, color, creed, gender, age, nationality or political beliefs.

1. United States National and Foreign Programs:
  - A. World Medical Relief shall distribute pharmaceuticals to approved non-profit organizations who distribute such items under the direction of licensed civilian doctors to financially impoverished persons.
  - B. World Medical Relief shall distribute medical and dental supplies and/or equipment to approved non-profit organizations who distribute such items under the direction licensed civilian doctors, nurses or paramedics to financially impoverished persons.
  - C. World Medical Relief shall distribute pharmaceuticals, medical supplies and/or equipment to approved non-profit organizations, individuals or groups who agree in writing that such items will be distributed by them in accordance with pharmaceuticals, equipment and supply policies 1.A. and B. of World Medical Relief. Such parties shall furnish written requests for pharmaceuticals, medical and dental supplies, and equipment needed by such parties prior to shipment of same by W.M.R. Following delivery of said items, the party receiving such goods shall send a written receipt to W.M.R.
2. Local Program: World Medical Relief distributes to the financially impoverished residing in the area serviced by United Way Community Services and other areas approved by the Board of Directors of World Medical Relief within the State of Michigan. Prescriptions, medical equipment, and supplies are given, providing that the individuals residing within such service areas shall meet the requirements set by the Board of Directors of World Medical Relief.

3. General:

- A. Shipments: World Medical Relief shall make no shipments for any person or group that has not originated at its warehouse, nor shall World Medical Relief do any crating for any person or group of their items for their shipping.
  
- B. Donation of pharmaceuticals, equipment and supplies: World Medical Relief does not accept any donations of equipment, instruments, supplies, pharmaceuticals or other items that are designated for a specific person or place. All donations as above listed must be unrestricted.

I have read the above policy for distribution of pharmaceuticals, medical supplies and equipment as outlined by World Medical Relief, Inc. and agree to abide by it.

DATE BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Position

**WORLD MEDICAL RELIEF, INC.**

**APPLICATION B**

**RELEASE/HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

The undersigned, in consideration of World Medical Relief, Incorporated providing us with supplies, medical equipment and other medical support, agree:

(1) To release World Medical Relief, Inc. from any and all claims made against the undersigned, as a result of the use, misuse or any application of the product or services provided by World Medical Relief, Inc.

(2) To hold World Medical Relief, Inc. harmless from any and all costs, claims, actions including by not limited to actual attorneys fees, judgments or other claims which may be brought by any party, person(s) or individuals from the use, misuse or any application of the supplies or services provided to the undersigned by World Medical Relief, Inc.

(3) To indemnify in full, including all attorneys fees, expenses, out of pocket costs and other costs of any kind, type or nature which World Medical Relief, Inc. may become liable for as a result of the undersigned's use, misuse or application of any kind, type or nature for the services or supplies provided to the undersigned by World Medical Relief, Inc.

---

Signature Date

---

Please Print Name Title or Position

**OBLIGATIONS OF THE RECIPIENT INSTITUTION**  
**APPLICATION B**

- A. To confirm the inventory of the donation by signing the DONATION-ACKNOWLEDGEMENT FORM which is included in the shipping documents. This form to be returned to WMR within one month.
  
- B. To share with WMR any photographs or press releases which might promote future program activities. In addition, we may require pictures of the facilities during operating hours.
  
- C. To inform World Medical Relief of the condition of the shipment, i.e. any damage or missing items.
  
- D. To receive representatives of WMR who will verify the condition and/or use of the donated equipment and supplies.
  
- E. To recognize that the items requested are for charity use only and are not to be sold or bartered.
  
- F. Payment of costs. A letter MUST ACCOMPANY THIS APPLICATION from the individual or organization stating responsibility for shipping costs and World Medical Relief's service fees. All service fees must be paid to WMR and shipping charges directly to the designated shipping company prior to shipping.

---

Signature Date

---

Please Print Name Title or Position

If An Organization Is Unable To Comply With The Obligations Above, Assistance To Them May Be Terminated As A Result.

## **INSTRUMENTS & SUPPLIES FOR ONE OUT PATIENT CLINIC**

### **APPLICATION B**

#### **CLINIC INSTRUMENTS**

Airways (sm-lg)  
Anoscope  
Asepto syringes  
Aspiration set  
Bandage scissors  
Blood pressure apparatus  
Catheter guide  
Clip remover  
Clip applier & clips  
Curved thumb forceps  
Curved Kelly hemostats  
Dressing scissors  
Ear spud & disposable ear spud  
Knife handle and blades  
Laryngeal mirrors  
Metal ear syringe  
Mosquito forceps -- (1 straight, 1 curved)  
Mouth gag  
Nasal speculum  
Needle holders (small)  
Ochner's, straight  
Otoscope and Ophthalmoscope (Limited availability)  
Percussion hammer  
Plain thumb forceps  
Probes & directors  
Razor & blades  
Retractors (sm-lg)  
Set urethral sounds  
Splinter forceps  
Sponge forceps  
Stethoscope  
Straight Kelly hemostats  
Suction - Yankeur  
Thumb forceps (teeth)  
Tongue depressor, metal  
Towel clips (3 lg, 3 sm)  
Vaginal Speculums (sm, med, lg)

#### **CLINIC SUPPLIES**

Ace bandages  
Adhesive Tape  
Applicators  
Bandages  
Band-Aids  
Blood administration sets  
Cast material

Catheters -- Fr 10-12-14-16-18  
Cotton  
Drape sheets  
Dressings  
IV sets  
Ice Cap  
Lancets  
Needles - assorted sizes  
Patient exam gowns  
Q-tips  
Rectal tubes - adult & child sizes  
Rubber sheet for exam table  
Rubber gloves (give size)  
Safety pins  
Sheets  
Slings  
Splints  
Sutures w/needles - assorted sizes  
Syringes - assorted sizes  
Test tubes  
Thermometers  
Tongue blades  
Tourniquets  
Towels  
Vacutainers

**WORLD MEDICAL RELIEF'S MEDICATION BY CATEGORY:**

Analgesic  
Anti-Bacterial/Urinary  
Anti-Depressant  
Antiacid  
Antibiotic  
Antihistamine  
Antirheumatic  
Asthma  
Body Chemical  
Cardiovascular  
Contraceptive  
Cough & Cold  
Central Nervous System  
Diabetic  
Food Supplement, Liquid  
Gastro Intestinal  
Hormone  
Hypertension/Diuretic  
Injectable  
Laxative/Rectal  
Medicated Cream/Gel  
Muscle/Skeletal  
Ophthalmic/Otic  
Vitamins-(Adult/Children)

Please note that WMR's medications are sample medicine. You will find different kinds in each category. We cannot provide particular medicine by volume; however, World Medical Relief offers

"special request medicine" with a special discount price with long datings as requested. This medicine is purchased from a company that supports our International Medical Missions Program. The costs are the special discounted price plus the WMR's service fee. (see attached charges)

**SAMPLE LIST OF SPECIAL MEDICINE BY VOLUME:**

**WORLD MEDICAL RELIEF, INC.**

**APPLICATION B**

SERVICE FEES FOR INTERNATIONAL SHIPMENTS  
(APPROVED APPLICATION "A" ONLY)

40 FOOT CONTAINER \$7,800

20 FOOT CONTAINER \$4,800

SERVICE FEES FOR MISSION/LOCAL SHIPMENTS  
(APPROVED APPLICATION "B" AND "C" ONLY)

If the Value is:

\$ 100 TO \$ 14,999, then the CHARGE IS 7%

If the Value is:

\$ 15,000 AND above, then the CHARGE IS 4%

ABOVE RATES ARE EFFECTIVE

July 1st, 2011

The above costs and percentages are subject to revision without notice and do not apply to special medication orders.

