

International Mission Trips

Application B

Dear Friend,

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

- I. The Application for Assistance – completed.
- II. 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).
- III. List of items you are requesting. If you need items that are not on the attached list, please include them since we might have them in stock at the time of your request.
- IV. If medicine is being requested: A. if a licensed physician is on the trip we need their name, address, phone number, 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.
- V. We need a letter from the person responsible for 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, or after the mission has been accomplished, we will need a report on the mission along with photographs, newspaper articles, etc., within 1 (one) month of your arrival. This is to help us publicize this program as well as verify the legitimacy of the trip/medical mission/special project.

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, Ph.D.

President & CEO

APPLICATION B – APPLICATION FOR ASSISTANCE

DATE OF APPLICATION: _____

Applicant's Name/Title: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

E-mail address: _____

Registration Number & Copy of License or Diploma of Medical Professional in charge:

Sponsoring Organization of the Mission: _____

Address: _____

City, State, Zip Code: _____

Contact Person's Phone #: _____

Fax #: _____

E-mail address (if available): _____

Name of Recipient Hospital or Health Facility:

Address: _____

City, State or Province, Country: _____

Physician's name: _____

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, & 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 and hospitals/clinics 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 and hospitals/clinics who distribute such items under the direction of 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 and hospitals/clinics, 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 Metro Detroit area and other areas approved by the Board of Directors of World Medical Relief within the State of Michigan. Prescription medications, medical equipment, and supplies are given, providing that the individuals residing within such

service areas meet the requirements of the programs. A specified handling fee is applied to medicine supply and equipment ordered.

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 pacemaker devices, pharmaceuticals, medical supplies, and equipment as outlined by World Medical Relief, Inc. and agree to abide by it.

Print Name/Physician's Name

Signature

Date

Title or Position

WORLD MEDICAL RELIEF, INC.

APPLICATION B

RELEASE/HOLD HARMLESS/INDEMNIFICATION AGREEMENT

The undersigned, in consideration of World Medical Relief, Inc., 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, whether intentional or un-intentional, provided by World Medical Relief, Inc.
- (2) To hold World Medical Relief, Inc. harmless from any and all costs, claims, actions including but not limited to actual attorney 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 attorney 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.

Print Name/Physician's Name

Signature

Date

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 is to be returned to WMR within one month after reception of medical/dental supplies, equipment, instruments, or pharmaceuticals.
- 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 form.

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.

Print Name/Physician's Name

Signature

Date

Title or Position

IF AN ORGANIZATION IS UNABLE TO COMPLY WITH THE OBLIAGATIONS ABOVE,
ASSISTANCE TO THEM MAY BE TERMINATED AS A RESULT.

INSTRUMENTS & SUPPLIES FOR ONE OUT PATIENT CLINIC APPLICATION

CLINIC INSTRUMENTS

Airways (sm-lg)
Anoscope
Asepto syringes
Aspiration set
Bandage scissors
Blood pressure apparatus
Catheter guide
Clip remover
Clip applicator & 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 forces (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
Antacid
Antibiotic
Antihistamine
Anti-rheumatic
Asthma
Body chemical
Cardiovascular
Contraceptive
Cough & Cold
Central Nervous System
Diabetic
Food Supplement, Liquid
Gastrointestinal
Hormone
Hypertension/Diuretic
Injectable
Laxative/Rectal
Medicated Cream/Gel
Muscle/Skeletal
Ophthalmic/Optic
Vitamins-(Adult/Children)

**WORLD MEDICAL RELIEF, INC.
RESPONSIBILITY OF FEES AGREEMENT**

I, _____, a representative of _____
(Name) (Name of Organization)

_____ with a postal address _____

_____, hereby declare responsibility for a

shipment to _____,
(Name of Hospital/Clinic and Country)

from World Medical Relief, Inc. in Southfield, Michigan U.S.A. This responsibility extends to

all fees involving the shipment (i.e. shipping costs, taxes, custom duties, demurrage fees, etc).

In the event the recipient institution is unable to get a tax exemption letter, the undersigned and other officials named in our application to World Medical Relief, Inc. shall take full responsibility whatever the obligation may occur. We are also aware the donation of medical supplies is intended for charitable purposes only and is not for sale or resale. It is intended for the sick, poor, and the needy only.

However, World Medical Relief, Inc. has no obligation in any transaction during the process of releasing the container from customs nor shall World Medical Relief, Inc. retrieve any container sent overseas back to the United States.

Signed this _____ day of _____ Year _____

Signature

Print Name Title

Witness

****Note: World Medical Relief offers special medicine with a special discount price and long-dated medicines as requested****

Please note that WMR's medications are donated medicines. 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 dating as requested. This medicine is purchased from a company that supports our International Medical Missions Program. The costs are the special discounted price plus WMR's service fee (see charges below).

SAMPLE LIST OF SPECIAL MEDICINE BY VOLUME:

WORLD MEDICAL RELIEF, INC.

APPLICATION B

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

If the value is:

\$100 to \$14,999, the CHARGE IS 7-10%

If the value is:

\$14,000 AND above, the CHARGE IS 4%

ABOVE RATES ARE EFFECTIVE

June, 2018

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

