

Dear Friend,

Thank you for your interest in our international shipping program. This letter will provide very important information to help you understand and expedite World Medical Relief's (WMR) application process.

1. If a question does not apply, please explain why. Any unanswered questions or lack of documentation may result in the return of the application or denial of the request. When necessary, you may add pages to complete an answer, making reference to the question number.
2. Everything must be in ENGLISH. We do not provide translation.
3. ***There must be a contact person who is responsible for working with our personnel including making arrangements for the shipment.***

Once the **completed** application is received our Distribution Committee will review it. You will be notified of the approval or denial. The Director of International Programs will arrange with your contact person for the details and date of shipment.

The following list identifies the various costs associated with the shipment:

1. WMR's handling fee, which is identified on the last page of this package. **If your application is approved, it must be paid prior to the shipment.**
2. The shipping company's fee. You or your contact person will be responsible for paying this fee directly to the shipping company. WMR will not be involved in that transaction.
3. A charge of \$250 per week may be assessed if we are required to hold the container until an inspector approves the shipment.
4. A \$100 packing fee may be assessed if we have to repack the pallet/gaylord boxes.

We look forward to possibly working with your organization and we hope that these guidelines assist you in completing the application. If you have any questions please give us a call.

Sincerely,

George V. Samson  
President & CEO

**World Medical Relief, Inc.-International Shipment Application**

1. Name of Recipient \_\_\_\_\_

A. Legal address of recipient \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

B. Type of Institution (Please Specify)

Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Dispensary \_\_\_\_\_ Other \_\_\_\_\_

C. Legal Status of the Institution: Public \_\_\_\_\_ Private \_\_\_\_\_

D. Name and license number of chief medical or dental officer.

Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Province, Country \_\_\_\_\_

Telephone (country code/area code & number) \_\_\_\_\_

Facsimile (country code/area code & number) \_\_\_\_\_

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

E. Name and title of individual or person in charge of the recipient organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Province, Country \_\_\_\_\_

Telephone (country code/area code & number) \_\_\_\_\_

Facsimile (country code/area code & number) \_\_\_\_\_

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

F. The locality for the request is: Rural area \_\_\_\_\_ Urban area \_\_\_\_\_

Other (specify) \_\_\_\_\_

G. Are services provided to the community free of charge?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sliding Scale \_\_\_\_\_ If the answer is "no", please explain what is paid and how this cost is determined

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H. Electricity – Is there any available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, VOLTAGE \_\_\_\_\_ CYCLES \_\_\_\_\_. The electrical equipment we usually supply is 110 volts. Recipients will be responsible for voltage conversion, if any.

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2. Please indicate the ten (10) leading cases diagnosed in the facility:

- |          |           |
|----------|-----------|
| 1. _____ | 2. _____  |
| 3. _____ | 4. _____  |
| 5. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |

**3. The Following Documentation Is Required In Order For This Application To Be Processed:**

- A. Copy of the Certificate of Registration or proof as a recognized health facility or state on a separate paper if this is not a requirement of the country.
- B. Customs Duty Exemption **or** Letter of Responsibility of Fees Agreement (See attached sample of Letter of Responsibility)
- C. Copy of license/diploma of the physician in charge of the Institution

4. **List Of Needs:** Please provide a separate list of the recipient's needs – **not** WMR's list of available items. **WE MAY NOT BE ABLE TO SUPPLY ALL THE ITEMS YOU REQUEST. WE RESERVE THE RIGHT TO DELETE, SUBSTITUTE OR ADD ITEMS.** PLEASE BE AS SPECIFIC AS POSSIBLE WHEN LISTING MEDICAL EQUIPMENT.

**5. Description Of Your Facility Or Program.** Please Attach Additional Sheets With Reference To Questions.

A. 1. Is this request for a hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please use a separate page for each hospital:

a.) How many hospitals? \_\_\_\_\_

b.) List the name and address for each hospital and administrator.

c.) Total number of beds in the hospital \_\_\_\_\_

B. 1. Is this request for a clinic? Yes\_\_\_\_\_ No\_\_\_\_\_

a) How many clinics? \_\_\_\_\_

b.) List the name and address for each clinic and administrator.

c.) Total number of beds in the clinic \_\_\_\_\_

Please indicate how you came to know about World Medical Relief. Please give the name, address, and telephone number with area code, of person or organization who referred you to World Medical Relief.

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**APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**By:** \_\_\_\_\_

**WORLD MEDICAL RELIEF, INCORPORATED**  
**POLICY FOR DISTRIBUTION OF DRUGS, MEDICAL SUPPLIES AND EQUIPMENT**

**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 in developing countries 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 \_\_\_\_\_ SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

**This form must be signed by the individual in charge of the recipient organization – not by the sponsor.**

**WORLD MEDICAL RELIEF, INC.**

**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

**\*\*NOTE: This form must be signed by the person in charge of the recipient organization – not by the sponsor.\*\***

**WORLD MEDICAL RELIEF, INC.**

**OBLIGATIONS OF THE RECIPIENT INSTITUTION**

- 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 within one month of receipt.
- 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

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

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

**\*\*NOTE: This form must be signed by the person in charge of the recipient organization – not by the sponsor.\*\***

**WORLD MEDICAL RELIEF, INC.**

**SPONSORING INSTITUTION/INDIVIDUAL**

1. Name Of Sponsoring Institution/Individual \_\_\_\_\_

A. Legal address of sponsoring institution/individual

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Telephone (country code/area code & number) \_\_\_\_\_

Facsimile (country code/area code & number) \_\_\_\_\_

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

**B. United States/Canadian Contact Person To Coordinate Shipment:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Facsimile ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

2. **The Following Documentation Is Requested Regarding The Sponsoring Organization.** (Not Applicable for individuals.)

A. Name of the organization: \_\_\_\_\_

B. Contact person/representative: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

**C. If the organization is not a recognized institution or is a newly registered entity, please provide the following:**

- A. Articles of Incorporation/partnership papers
- B. Rules and/or by-laws of organization
- C. Copy of tax-exempt status of organization
- D. List of Board Members with their business affiliations

- 3. Shipping Arrangements** – After approval, your United States/Canadian contact person will be required to make shipping arrangements with World Medical Relief and a designated freight forwarder. No other freight forwarder can be used aside from WMR's approved designated steamship line.
- 4. 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 freighter company prior to shipping.
- 5.** A detailed packing list/documentation will be forwarded to the United States/Canadian contact person after the loading of each container.

**LIST OF TYPICAL  
HOSPITAL EQUIPMENT AND SUPPLIES**

ADULT SCALE  
AMBULANCE CART  
ARRHYTHMIA MONITORS  
AUTOCLAVES  
BASSINET – ISOLATION CRIB, JR. BEDS  
BEDS – MANUAL/ELECTRIC  
BEDSIDE TABLE/OVER-THE-BED  
BILIRUBINMETER  
BLOOD PRESSURE WITH STAND  
BREATHING THERAPY UNIT  
CARTS – UTILITY/ O.R.  
CENTRIFUGE  
CHART RACK WITH FOLDERS  
CRUTCHES, COMMODOES, CANES, WALKERS  
DENTAL EQUIPMENT – CHAIR, UNIT, X-RAY  
DIATHERMY MACHINE  
DRAINAGE PUMP  
E.N.T. CHAIR  
EXAMINATION TABLE WITH PAD/STIRRUP  
EYE EQUIPMENT  
FOOD PUMP  
GERIATRIC CHAIR  
GOOSENECK LAMP  
GURNEY – TRANSFER/EMERGENCY CARE  
HEMATOCRIT  
HOYER PATIENT LIFT  
HYPRECATOR  
I.V. POLES  
INFANT SCALE WITHOUT TABLE  
INFANT SCALE WITH TABLE  
INSTRUMENT CABINET  
LABORATORY OVEN  
LABORATORY INCUBATOR

LAUNDRY HAMPER CART  
MATTRESSES  
MAYO INSTRUMENT TABLE  
MINOR SURGERY LIGHT  
OFFICE FILE CABINET  
OPERATING TABLE  
ORTHOPEDIC VACUUM UNIT  
ORTHOPEDIC TABLE  
OXYGEN CONCENTRATOR  
OXYGEN TANK WITH GAUGE  
SPECTROPHOTOMETER  
STERILIZER  
STOOLS  
SUCTION PUMP  
TISSUE PROCESSOR  
TREATMENT CHAIR  
TREATMENT TABLE  
ULTRA-VIOLET LAMP  
WHEELCHAIR

**SURGICAL INSTRUMENTS**

MINOR SURGERY SET  
E.N.T. SET  
O.B. GYN SET  
ORTHOPEDIC SET  
CARDIO-VASCULAR SET  
EXAMINATION SET/ CLINICAL

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**NOTE:** ALL ITEMS IDENTIFIED BELOW ARE CONSIDERED **SPECIAL/CALIBRATED EQUIPMENT** AND THEY ARE SUBJECT TO AVAILABILITY.

ANESTHESIA MACHINE  
BLOOD ANALYZER  
CARDIAC MONITORS  
DEFIBRILLATOR  
DIALYSIS MACHINE  
EKG MACHINE  
ELECTRO-SURGICAL UNIT  
FETAL MONITOR

INCUBATOR  
INFUSION PUMP  
LABORATORY REFRIGERATOR  
MAMMOGRAM MACHINE  
OPERATING ROOM LIGHTS  
PHOTO-THERAPY UNIT  
STRYKER CIRCLE BED  
TREAD MILL

ULTRA-SOUND  
VENTILATORS  
X-RAY MACHINE 500 MA, 300 MA

## MEDICAL SUPPLIES BY CATEGORY

### ANESTHESIA/OXYGEN

AMBULATORY BAGS  
ADAPTERS  
CIRCUITS  
ENDOTRACHEAL TUBES  
MOUTH PIECES  
NEBULIZERS  
OXYGEN MASK  
OXYGEN TUBING  
PULMO-AID TUBING  
TONGUE RETRACTORS  
TRACHEAL TUBES

### FEEDING

FEEDING TUBES – 8Fr to 18Fr  
FOOD SUPPLEMENT  
LEVIN & CANTOR TUBES  
TUBING  
GAUGE

### I.V. TUBING

ADAPTOR  
ADMINISTRATION SETS  
ALCOHOL/IODINE SWABS  
ANGIO CATHETERS  
BLOOD ADMINISTRATION SET  
DEXTROSE  
EXTENSION SETS  
GLOVES  
HEPARIN VIALS  
I.V. SOLUTION  
INFUSION SETS  
LUER LOCKS  
NEEDLES  
PRIMARY SETS  
STOP COCK  
SYRINGES  
VIALS OF SODIUM CHLORIDE

### LABORATORY SUPPLIES

BEAKER  
GLUCOMETER  
HEMOGLOBINOMETER  
LANCETS  
MICROSCOPE  
MICORSCOPE SLIDES  
PIPETTE  
TUBES  
VACUTAINER

### ORTHOPEDIC

ACE BANDAGES  
ATHLETE TAPE  
BACK BRACE  
CANE/CRUTCHES TIPS  
IMMOBILIZER  
NECK BRACE  
ORTHOPEDIC PINS  
PADDING  
PLASTER CAST  
SPLINTS  
STUMP SOCK  
TRACTION BELT

### PATIENT CARE

ADHESIVE TAPE  
ALCOHOL  
BEDPAN  
BETADINE SWABS  
COTTON  
CUPS  
DISINFECTANT  
EXAMINATION GLOVES  
FOOD TRAYS  
HAMPER BAGS  
HYDROGEN PEROXIDE  
K-Y JELLY

KIDNEY BASIN  
NEEDLES  
PATIEN GOWNS  
PITCHERS  
SOAP  
SYRINGES  
URINALS  
WASTE CONTAINER

### STOMA

ASSORTED SIZES

### SURGERY

ADHESIVE TAPE  
CAPS  
CUTDOWN CATHETERS  
DRAPES – assorted  
GAUZE  
IODINE PREP SOLUTION  
MASKS  
O.R. TRAYS  
PENROSE TUBING  
SHOE COVERS  
SPECIAL DRESSINGS  
SURGICAL GLOVES  
SURGICAL GOWN  
SURGICAL PACK  
SUTURE REMOVAL KIT  
SUTURES  
YANKEUR SUCTION

### URINARY/DRAINAGE

ASEPTO SYRINGES  
FOLEY CATHETERS – assorted sizes  
IRRIGATION SETS  
TUBING  
URETERAL CATHETERS

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

**WORLD MEDICAL RELIEF, INC.**

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

40 FOOT CONTAINER	\$10,000
20 FOOT CONTAINER	\$6,000

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

<b>If the Value is:</b>	<b>The charge is:</b>
\$ 100 TO \$ 14,999	7%
\$ 15,000 AND above	4%

**ABOVE RATES ARE EFFECTIVE**

**June 1, 2018**

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

## ACKNOWLEDGEMENT FORM

This is to acknowledge receipt of a shipment of medicine, medical equipment, medical supplies (include any applicable items) on \_\_\_\_\_.

The contents of the shipment coincided with the packing lists received and the shipment arrived in good condition.

(Please use the above information as a format to send an acknowledgement ON YOUR LETTERHEAD to World Medical Relief within 30 days of receiving your shipment. We would also appreciate receiving photographs of the items in use at your medical facility.)

If the shipment was damaged in any way or if items seem to be missing, please notify WMR immediately.

NOTE: It is imperative that you send your acknowledgement as soon as you receive your donation. Failure to comply may result in suspension of future donations.

Send Letters To: World Medical Relief, Inc.  
Attn: International Program  
21725 Melrose Avenue  
Southfield, MI 48075

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

I, \_\_\_\_\_, a representative of \_\_\_\_\_  
(Name) (Name of Organization)  
\_\_\_\_\_ with postal address \_\_\_\_\_

\_\_\_\_\_, hereby declare responsibility for a shipment to  
\_\_\_\_\_ from World Medical Relief, Inc. in  
(Name of Hospital/Clinic and Country)

Detroit, 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 the 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:  
\_\_\_\_\_