



WORLD MEDICAL RELIEF

WORLD HEADQUARTERS

Serving the sick and poor locally, nationally and internationally since 1953

FORM C

Dear Friend,

Per your request we are submitting information about our shipping requirements. **PLEASE PROVIDE US WITH ALL REQUESTED INFORMATION IN ORDER TO HAVE YOUR REQUEST CONSIDERED.**

1. We require copies of:
 - A. Copy of 501(C)(3) Tax exempt organization
 - B. Give us an idea of the total number of persons served by your organization.
 - C. List of needs on your letterhead.
 - D. Written signed statement from your agency that you will pay freight costs or U.P.S. charges or make arrangements to pick items up. Trucking costs must be paid to the trucker. U.P.S. charges must be reimbursed to WMR.

2. World Medical Relief will charge a small percent of the value of the shipment as a handling fee. Costs will vary in each case depending on the size and complexity of the shipment. Please see the separate sheet attached showing World Medical Relief's charges for local/national area shipments. If your application is approved, this fee must be paid prior to the shipment leaving our warehouse.

Sincerely,

George V. Samson, Ph.D
President & CEO

Enclosures

21725 Melrose Ave., • Southfield, Michigan 48075
313.866.5333 • email: info@worldmedicalrelief.org
www.worldmedicalrelief.org

USAID – Private Voluntary Organization

WORLD MEDICAL RELIEF, INCORPORATED**POLICY FOR DISTRIBUTION OF 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, and instruments; 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 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.
- B. World Medical Relief shall distribute 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 equipment and supply policies 1.A. of World Medical Relief. Such parties shall furnish written requests for 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 areas approved by the Board of Directors of World Medical Relief. 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 equipment and supplies: World Medical Relief does not accept any donations of equipment, instruments, supplies, 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 medical supplies and equipment as outlined by World Medical Relief, Inc. and agree to abide by it.

Date _____

Signature _____

Please Print Name _____

Position or Title _____

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.

Date _____

Signature _____

Please Print Name _____

Position or Title _____

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 that 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.

Date _____

Signature _____

Please Print Name _____

Position or Title _____

**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 CLINICCLINIC 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
 I.V. 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

LIST OF BASIC EQUIPMENT

Examination Table
Examination Stool
Wheelchair
Goose neck lamp
Mayo Stand
Blood Pressure Set
Diag. Set (Otoscope/Ophthalmoscope)
Side Table
Patient Care Waiting Chair
Walker
Commode
Crutches
Cane

NOTE: PLEASE LIST ANY SPECIALIZED EQUIPMENT YOU ARE REQUESTING.

WORLD MEDICAL RELIEF, INC.

**SERVICE FEES FOR LOCAL SHIPMENTS
(APPROVED APPLICATION "C" ONLY)**

If the Value is:	The charge is:
\$ 100 to \$14,999	7-10%
\$15,000 and above	4%

**ABOVE RATES ARE EFFECTIVE
June 1, 2018**

The above costs and percentages are subject to revision without notice.

DONATION ACKNOWLEDGEMENT FORM

This is to acknowledge receipt of a shipment of medical supplies and/or medical equipment (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.