

## Application for Container Shipment Hospital Sisters Mission Outreach



**HOSPITAL  
SISTERS  
MISSION  
OUTREACH**

- **Indicates a required field**

Please complete this form to request one of Hospital Sisters Mission Outreach's 40 foot containers of medical supplies and equipment.

### COMPLETING THIS APPLICATION

- Date:
- Name:
- 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 the Organization serving as Consignee:
- Contact Name:
- **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

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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 of the Organization:
- Contact Name:
- Email:
- Work Phone:
- Mobile Phone:
- Fax:
- Address:

- City:
- Country:

Comments:

What is the ocean port where you wish the container to be sent?

- Ocean Port:

Hospital Sisters Mission Outreach 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.

Hospital Sisters Mission Outreach requires 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 Hospital Sisters Mission Outreach [smcmillan@mission-outreach.org](mailto:smcmillan@mission-outreach.org) or fax (217) 523-4742.

Not yet, but I am working on it. I will send a copy to Hospital Sisters Mission Outreach when I receive it.

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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 include manuals
- All items must be inspected prior to shipping
- Consignee must obtain pre-approval of duty-free import prior to loading
- Other

**THE HEALTHCARE INSTITUTION**

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

- Name of healthcare facility:
- Address:
- City:
- Country:
- Phone:
- Fax:
- Web Site:
- Contact person at healthcare facility:
- Title:
- Email:
- Work Phone:
- Mobile Phone:

What is the legal status of this healthcare facility? (check all that apply)

- Private, for profit
- Private, not-for-profit

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Public/Government

Religious, affiliation:

Other

How many facilities will utilize the items sent in this shipment?

• Names:

• No. of beds:

What type of area is this healthcare facilities located in?

Urban

Other

How is this healthcare facilities funded?

Fee for service

Other

• What is the approximate annual budget?

**Total number of patients treated:**

Per Month [       ]

Per Year [       ]

What are the major health problems in this area?

Malaria

Dengue Fever

HIV/AIDS

Typhoid Fever

Cholera

Yellow Fever

Hepatitis A & B

Parasites

Comments:

What are the biggest problems this healthcare facility is facing?

Funding

Staffing

Bio-Tech Support

Infrastructure

Supplies

Training/Education

Access to Facility

Referral for tertiary care

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How will your patients benefit from the medical supplies and equipment that Hospital Sisters Mission Outreach sends?

Comments:

**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?**

- Gas sterilization process
- Steam/heat sterilization process
- Average width/height of doorways in areas where equipment is housed.
- Average weight limit of floors.
- Other. Please specify:

*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, Hospital Sisters Mission Outreach can purchase transformers for you for an additional cost.*

- I would like to discuss with Mission Outreach the price for receiving transformers.
- The receiving organization has the ability to convert upon arrival.

Is there a stable electrical current?       Yes       No

Is there a generator on the premises?       Yes       No

Is there running water?       Yes       No

Is there internet access?       Yes (Dial up      DSL/Cable )       No

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What medical services are provided at this healthcare institution? (check all that apply)

<input type="checkbox"/> Primary Care	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Surgery
<input type="checkbox"/> General Medicine	<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> X-ray/Imaging services	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Dental	<input type="checkbox"/> Nutritional	<input type="checkbox"/> Eye Care
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other	

Please indicate the number of each type of staff position at this healthcare institution:

<u>Position</u>	<u># of Staff</u>	<u>Position</u>	<u># of Staff</u>
Physician		Nurses	
Midwives		Dentists	
Biomedical Technicians		Community Health Workers	
Laboratory Technicians		Nutritionists	
Surgeons		Anesthesiologists	
Other			

Other comments about this healthcare institution:

Comments:

**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 Hospital Sisters Mission Outreach's online inventory, using a unique username and password that Hospital Sisters Mission Outreach will send them.

The hospital will give Hospital Sisters Mission Outreach a list of the supplies that are needed.

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

Anesthesia machine

Microscope – Surgical and lab

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

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Comments:

**FUNDING**

Mission Outreach is a non-profit organization that is dependent upon donations, grants and handling fees. The value of the contents of a 40-foot shipping container will vary between \$100,000 and \$350,000 per container. You will not be charged for the contents. Mission Outreach fundraises to cover the majority of our cost, but we do require that you cover a small portion our cost (trucking to collect equipment, packaging, inventory maintenance, storage), shipping and in-country transportation. The breakdown below is typical—**THIS IS NOT AN INVOICE.**

Costs	Mission Outreach Contribution	Recipient/Sponsor Contribution
Mission Outreach Cost \$23,400	\$17,200	\$7,000
Shipping \$5,000	N/A	\$5,000
Value of Contents* \$120,000	\$120,000-average in-kind contribution	N/A
In-Country Cost \$1,800	N/A	\$1,800
Total Cost/Value \$150,200	\$137,200	\$13,000

\*Average value of contents provided by Mission Outreach as an in-kind donation

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

Will the funding be provided by the healthcare institution that will use the supplies?

YES       NO

• Name of Organization:

• Name of Contact:

• Address:



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- City:
- Country:
- Phone:
- Fax:
- Web Site:
- Contact person at healthcare institution:
- Title:
- Email:
- Work Phone:
- Mobile Phone:

Comments:

- Have you communicated with a particular member of the Hospital Sisters Mission Outreach staff prior to this application?

YES                       NO

If yes, Please list staff members:

**RECIPIENT AGREEMENT**

The applicant authorizes Hospital Sisters Mission Outreach to (1) investigate all statements contained in this application; (2) contact references or any other persons who can provide information relative to consideration of this application; (3) and make any other inquiries relevant in arriving at a decision regarding application for donation. I consent to any contacted person to provide information and I covenant not to sue any such person for information provided.

If the undersigned is an entity, the undersigned represents and warrants that the undersigned has the authority to commit the entity on whose behalf the undersigned is signing this document.

**RECIPIENT AGREEMENT**

Organization:

Type/Print Name & Title of Applicant:

Signature of Applicant:

Date:

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**INTERNAL USE ONLY**

[ ] Application approved

Date:

Approved by: