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| **Date Submitted to DPH:** | OPEM 213TS – Resource Request Form – COVID19*Bamlanivimab and* EtesevimabPlease type your responses | Page 1 of 1Version 07-22-20 |
| **I. REQUESTING AGENCY POINT OF CONTACT - Please Type ALL Answers** |
| **1**. Requestor’s Name (Please Print) | **2.** Title | **3.** Requestor’s Phone No. |
| **4**. Requestor’s Organization and DPH Facility ID number  | **5**. Requestor’s E-Mail Address |
| **6**. DELIVERY Address (include any special instructions, such as if there is a loading dock, or a 24/7 number needs to be called, etc). | **7**. 24/7 Contact Name and Phone number for delivery issues  |
| **II. REQUEST SPECIFICS - Please Type ALL Answers** |
| **9**. Order (Please complete all fields) |
| Qty. | Item Available: | Date Need, pending availability |
|  | **Bamlanivimab and Etesevimab** |   |
| **III. QUESTIONS – Please Type ALL Answer (all are required)** |
|  **10.** Do you have refrigeration capacity to store at 2 to 8 degrees Celsius if needed?  \_\_\_\_\_\_\_\_ (Type Yes or No) |  **11**. Can you safely store the quantity requested at this temperature? \_\_\_\_\_\_\_\_ (Type Yes or No) |