



## MedWish International Humanitarian Aid Application

Please be sure to review the application instructions before proceeding.

**Instructions:** Please complete this form and submit it. This application is also [available as a PDF](#), which can be emailed, faxed or mailed back to MedWish.

Fax to: (216) 274-6380

Mail to: MedWish International, 1625 E. 31st Street, Cleveland, OH, 44114.

Once MedWish receives the application, we will follow up with you to discuss next steps or to request additional information.

**Technical Assistance:** If you have questions or technical issues with the application, please contact MedWish at [info@medwish.org](mailto:info@medwish.org) or 216-692-1685.

Section 1: Overseas Recipient

**Name of Overseas Recipient Organization \***

**Name of Contact Person \***

**Title of Contact Person \***

**Address of Recipient Organization \***

**Phone Number \***

**Destination Country \***

**Email Address \***

**Organization Website**

**Facebook address**

**Twitter username**

**What type of medical facility/project is this? \***

Primary care clinic

Outpatient clinic

Temporary medical mission

Acute care - inpatient clinic/hospital

Educational organization

Individual

Section 2: United States-based 501(c)(3) sponsor

**Name of Sponsor Organization \***

**EIN/Tax ID Number: \***

**Name of Contact Person \***

**Title of Contact Person \***

**Mailing Address \***

**City \***

**State \***

**ZIP \***

**Phone Number \***

**Fax Number**

**Email Address \***

**Website address \***

**Facebook address**

**Organization's Twitter username**

**Sponsor Organization Type \***

- Faith-based organization
- Student organization
- Ethnic/expatriate group
- US-based ally of the recipient
- US-based administrator/parent organization of the recipient
- Individual
- Medical/professional association

Section 3: Project Narrative

**How did you hear about MedWish? \***

- I have requested supplies from MedWish before
- Internet search
- I was referred by someone

**If you were referred to MedWish by a person or organization, please let us know who:**

**Organizational Information**

Please describe the mission, history and programs of the recipient organization. Include information about the organization's structure, staff and patient/client numbers.

**Mission and History (limit 750 words) \***

**Programs Offered - Please include any specialized departments offered to patients (i.e. oncology, pediatrics, ER, etc.) (limit 750 words) \***

**Approximate number of staff \***

**Number of Exam Rooms \***

**Number of Beds \***

**Approximate number of patients served annually \***

**Description of Need**

Please **describe the community or population the recipient organization serves**, including leading health issues or diseases that are treated, data on poverty, conflict or disaster, and other information relevant to your program or project.

**Need description: (limit 750 words) \***

0/750

**Medical Culture: Are there any culturally specific medical practices in this location that differ from western medicine? (i.e. women traditionally give birth standing versus in beds, etc.) (limit 750 words) \***

0/750

**Description of Project Goals**

What are the short and long-term goals of the recipient organization? How will the requested supplies and equipment support these goals?

**Short and long term goals (limit 750 words) \***

0/750

Section 4: Project Details

**Size of shipment required \***

- Hand-carried freight shipment (less than one pallet of supplies)
- Freight shipment (Approx. 1 to 9 pallets)
- 20' container shipment (Approx. 10 pallets)
- 40' container shipment (Approx. 20 pallets)

**Desired date for shipment to be released from MedWish \***



Day Year

**Expected date of departure from the U.S. \***



Month Day Year

**Expected date of return \***



Month Day Year

**Hand-Carry Shipment Method \***

Hand-carried shipment to be packed by applicant at MedWish (\$2 per pound)

Hand-carried shipment to be packed by MedWish for applicant pick up or shipment via UPS to U.S. applicant for transport abroad (\$4 per pound plus the cost of UPS shipment)

**US applicant shipping address**

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

**Freight Shipment Method \***

Domestic shipping for further processing before international distribution

International shipping direct to recipient

**Logistics**

**Please note:** This information is used to determine how best to meet your needs. Please answer honestly. We are sensitive to the fact that many of our partners do not have all the resources they need.

**Does the facility have access to... \***

Yes No Not sure

Reliable electricity

Reliable, clean water

Dedicated storage space for the capacity of your shipment

Sterilization/Autoclave Capabilities

Oxygen

Nitrogen

Waste Disposal

Internet/Wifi Capabilities

Reagents & consumables for request equipment

**Comments**

**Does your facility have biomedical repair capabilities? \***

Yes

No

**If you indicated yes above - How many biomedical staff are on hand?**

**For shipping purposes, does the recipient have experience with: \***

Yes      No      Not sure

Transportation capabilities to facility

Customs

Import laws for receiving country

Ministry of Health rules and regulations

Freight Forwarder (provide details below)

**Please provide details to answers above:**

**Are there any space restrictions at the facility that should be considered for the items requested?  
(I.e. doorway widths, ceiling heights, etc.)**

**Who will be responsible for paying the processing and handling fee? \***

Recipient organization contact listed in Section 1

Other

**Name \***

First Name

Last Name

**Organization & Title**

**Phone number \***

**Email Address \***

**Relationship to project \***

**Anticipated Payment Method \***

Check

Credit card (AMEX, Discover, Mastercard, Visa)

Wire Transfer

## Wish List

This wish list is a starting point for our staff to work with you to finalize a packing list. Please check any items you desire to have (dream big!) and we'll work with you to prioritize, set quantities and sizes, and identify alternatives for requested items that are not available.

**\*\*Remember:** This list is an example of items commonly available in our inventory, but not a guarantee that any one item is available at this time. We will do our best to meet your needs to the best of our ability, and will work with you to substitute items or adjust your order when necessary.

## Medical Furniture

### Medical Furniture

Backboards/spinal boards	Bedside cabinets/ night stands
Crash carts	Exam tables
Free-standing shelving	Gurneys
Hospital beds	Hoyer lifts
IV poles	Massage tables
Mattresses	Over-the-bed tray tables
Privacy screens	Procedure lights
Reclining chairs	Scales (digital or analog)
Utility carts	Wheelchairs

## Medical Supplies

Available medical supplies are categorized by use. For example, bandages are listed under "Wound Care" and oral airways are listed under "Respiratory & Anesthesia."

### Diabetic Supplies

- Blood glucose monitors
- Lancets

### Drapes

- Sterile Fields

### Ear, Nose, Throat & Eye

- |                 |                  |
|-----------------|------------------|
| Crescent knives | Eye pads         |
| Nasal dressing  | Otoscope specula |

## Hygiene

Adult diapers  
Deoderant  
Hand sanitizer  
Razor blades  
Shampoo  
Soap  
Toothpaste

Bath wipes  
Hair brushes/combs  
Pill organizers  
Sanitary napkins  
Shaving cream  
Toothbrushes

## IV (Intravenous)

Central line kits  
IV extension sets  
IV start kits

IV cannulas/catheters  
IV solution sets  
Tourniquets

## Laboratory

Blood draw test tubes  
Butterfly needles  
Microscope slides  
Specimen containers

Blood pressure cuffs  
Microscope glass covers  
Sharps containers

## Liquids

IV fluid bags  
IV flush syringes  
Sterile water  
Ultrasound gel

## Needles & Syringes

Needles  
Spinal needles  
Syringes

## OB/GYN

Amniotic perforators  
Umbilical tape/clamps  
Vaginal packing

Perineal pads  
Uterine dilators  
Vaginal specula

## Orthopedic

**Pediatric**

Baby hats  
 Bili masks  
 Meconium aspirators

**Personnel Protection**

Aprons	Body bags	Bouffant caps
Ear plugs	Exam gloves	Face masks
Goggles	Lab coats	OR gowns
OR shoe covers	Patient gowns	Scrubs
Surgical gloves		

**Respiratory & Anesthesia**

Anesthesia circuits	Anesthesia masks	Breathing circuits
Endotracheal tubes	Epidural catheters	Epidural kits
Laryngeal mask airways	Manual resuscitators	Nasal airways
Nebulizer kits	Nerve block trays	Oral airways
Oxygen cannulas	Oxygen masks	Oxygen tubing
Suction canisters	Suction catheters	Suction handles
Suction tubing		

**Surgery**

Bone wax	Bowls/basins	Cautery pens
Chest drains	Chest tubes	Drains
External skin staplers	Internal staplers	Mesh
OR prep kits	OR scrub brushes	OR towels
scalpels		

**Suture**

Suture

**Urology/GI**

Enemas	Enteral feeding tubes
Enteral feeding extension sets	External urinary catheter
Feeding tubes	Foley catheters
Ostomy supplies	Urinals

## Wound Care

Adhesive dressings	Alcohol
Antibiotic ointment	Burn dressings
Elastic bandages	Gauze
Hydrogen peroxide	Hydrophilic dressings/ exuding dressings
Iodine	Laceration tray
Packing strips	Petrolatum gauze
Self-adherent wraps	Suturing tray
Tape	

## Medical Equipment

**Biomedical Equipment (Highly limited availability - first come, first served. Will only be provided to recipients with necessary qualifications to utilize specialized equipment.)**

[Anesthesia machine]	Bili lights	Blood pressure gauges	Canes
[Cautery machines]	Centrifuges	[CPAP/BIPAP machines]	Crutches
Defibrillators	[ECG/EKGs]	Fetal doppler	Incubators (laboratory)
Infant warmers	Isolette incubators	Microscopes	[Nebulizer machines]
Ophthalmoscopes	OR lights	Otosopes	Procedures chairs
[Pulse oximeters]	Reflex hammers	Refrigerators (lab)	Shower chairs
[Slit lamps]	Stethoscopes	Suction machines	Tuning forks
Ultrasounds	[Ventilators]	[Vital sign monitors]	Walkers

**If Nebulizer Machines was selected above, do you have access to albuterol? \***

- Yes
- No
- N/A

**If any items in [brackets] were selected above, please confirm those who will be operating these items have the qualifications and training capabilities required for their operation. \***

**If there are any additional items you wish to request that were not on the list, or if you have any comments about the items you have requested, please briefly describe here:**

**Does the recipient have the ability to order additional consumables for the requested equipment? \***

Yes

No

N/A

**MedWish does not send converters or adapters for equipment. Does the recipient have the ability to safely convert electrical equipment to in country standards? \***

Yes

No

N/A

**MedWish provides operating manuals for equipment. These will be in english. Does the recipient have the ability to read operations manuals in english? \***

Yes

No

N/A

**If no is selected above, what language is needed?**

## Section 5: Reporting Responsibility

Feedback is a vital element of the Humanitarian Aid program at MedWish. It allows us to continually improve our services and programs to better support health care in developing countries. It also helps us secure continued financial support, donated supplies and volunteers.

A feedback survey ([click here for sample](#)) will be due back to MedWish within 60 days of your successful receipt of your shipment. Please complete the following form so that we can notify the responsible person to remind them.

By submitting this application, you consent to permitting MedWish to track and share information about

the recipient organization and the sponsor organization for quality improvement, communications and fundraising purposes. Information included in the application as well as in the 60-day feedback report may be used for these purposes. You also agree that you will provide the feedback as requested below once a shipment is successfully completed.

If for any reason your organization cannot consent to publicizing details about your project please explain below. MedWish does not wish to put any recipients at risk and will respect confidentiality requests; however, we will require feedback from all recipients for internal record-keeping and quality improvement.

**Please note: Failure to send complete and timely feedback report may disqualify the recipient organization from future shipments.**

**If any part of your project narrative cannot be shared publicly, please explain. (Contact information will never be sold/shared/publicly posted.)**

Remember: Feedback is required for all shipments. We will honor confidentiality requests.

**Who will be responsible for completing the feedback report? \***

- Recipient organization contact listed in Section 1
- Sponsor organization contact listed in Section 2
- Other

**Name \***

First Name      Last Name

**Organization & Title \***

**Phone Number \***

**Email Address \***

**Relationship to Project \***

## Section 6: Signature and Liability Release

### Legal Statement

The medical supplies, equipment and materials available from MedWish International are items that would otherwise be discarded from healthcare facilities and/or providers in the United States. These materials are being made available strictly on an "as is" basis for the use by humanitarian relief organizations providing medical care in the developing world. MedWish International and the donor facilities do not represent, warrant or imply that such materials are fit, appropriate, and free of defects, sterile, pure or suitable for any purpose.

Each recipient organization and recipient facility assumes full responsibility for making an independent determination of the appropriateness of each item of donation before using it. By submitting an application for the receipt of donated supplies, each organization and recipient facility releases MedWish International, its officers, trustees, employees and donors from all responsibility, claims, costs and liability associated with the donated materials.

I have read and understand the above statement releasing MedWish International, its officers, trustees, employees and donors from all responsibility, claims, costs and liability associated with the donated materials.

Submission of this form is an agreement of the above terms, however, you may be asked to fax/mail a signed copy of this agreement in the future.

### Acknowledgement \*

I have read and understand this statement

### Full Name \*

First Name      Last Name

### Email address to send application summary for your records \*

example@example.com

### Today's Date \*



Month Day Year

