

Instructions for Completing “SNS Ordering Form”:

Line Title:	How to Complete:
Requesting Organization	Requesting organization’s full and legal name (no acronyms unless such are a component of the requesting organization’s legal name)
Date:	Date request is submitted to the healthcare coalition
E-mail	E-mail address of requesting organization’s Point of Contact, must correspond to the Point of Contact Name
Shipping Address	Physical address of the requesting organization (Street address, city, state, and zip code); if more than one request is submitted per requesting organization, a separate request must be submitted for each physical address
Contact Name	Name of requesting organization’s Point of Contact
Contact Title	Title of requesting organization’s Point of Contact
Contact Phone	Primary phone number of requesting organization’s Point of Contact
Alternate Phone	Alternate phone number of requesting organization’s Point of Contact
Facility License Type	Choose your facility type form the list
Healthcare Coalition (Select from List)	Choose one according to requesting organization’s geographical location (see healthcare coalition map at www.health.mo.gov/coronavirus under ‘PPE Resource Request Process’)
Quantity of Units Requested	Specify the number of cases being requested for each item by the requesting organization

Attestation that your primary and secondary vendors have been exhausted and no more than 14-day supply of PPE is being requested	Select Yes or No
Please provide supporting information including daily consumption or 'burn' rates and vendor backlog/order delay projections.	Provide daily consumption rates currently and prior to COVID-19 for the items being requested. Provide additional information available from vendors regarding backlog/order delay and the information related to your organization.
Please provide an estimate of the number of days the requested PPE supplies will support.	Provide the anticipated number of days your requested items will support assuming your organization's current consumption rate.
Attestation that your organization is not requesting additional resources in order to 'stockpile' supplies	Select Yes or No
Attestation that your organization has implemented PPE optimization strategies as described in the noted CDC guidance.	Select Yes or No
Please provide a brief statement on PPE optimization strategies that have been implemented.	Provide statement on PPE optimization strategies that have been implemented in your organization and the date of implementation.
Agreement that patients receiving care will not be charged for any supplies or assets received through this state or federal requesting process.	Initial in the small rectangular box on the left. You will need to print the form to initial and sign.
If your facility is caring for a positive COVID patient or otherwise has an urgent need for PPE, please provide supporting information.	Provide number of positive patients or other information supporting an urgent need. Orders may be expedited in some instances.
Signature	Signature of an individuals within the requesting organization authorized to sign for the organization. You will need to print the form to initial and sign.
Typed Name	Name of individual who signed the form