



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, PO Box 10789, Cleveland, OH, 44110.

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 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 *

Fax Number

Email Address *

Organization Website

Facebook address

Example: <http://www.facebook.com/medwishinternational>

Twitter username

Example: @medwish

What type of medical facility/project is this? *

- Primary care clinic
- Outpatient clinic
- Temporary medical mission
- Acute care - inpatient clinic/hospital
- Educational organization
- Individual
- Other (explain)

Section 2: United States-based sponsor

Name of Sponsor Organization

Name of Contact Person

Title of Contact Person

Mailing Address

City

State

ZIP

Phone Number

Fax Number

Email Address

Website address

Facebook address

Example: <http://www.facebook.com/medwishinternational>

Organization's Twitter username

Example: @medwish

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
- Other (explain)

Section 3: Project Narrative

How did you hear about MedWish? *

- I have requested supplies from MedWish before
- Internet search
- I was referred by someone
- Other (please explain)

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, history and programs (limit 750 words) *

Approximate number of staff *

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

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 *

- - 
Month 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)

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliable, clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicated storage space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biomedical repair service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Who will be responsible for paying the fee for service? *

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

Anticipated Payment Method *

- Check
- Credit card (AMEX, Discover, Mastercard, Visa)
- Wire Transfer
- Other

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

- | | |
|---|---|
| <input type="checkbox"/> Backboards/spinal boards | <input type="checkbox"/> Bedside cabinets/ night stands |
| <input type="checkbox"/> Crash carts | <input type="checkbox"/> Exam tables |
| <input type="checkbox"/> Free-standing shelving | <input type="checkbox"/> Gurneys |
| <input type="checkbox"/> Hospital beds | <input type="checkbox"/> Hoyer lifts |
| <input type="checkbox"/> IV poles | <input type="checkbox"/> Massage tables |
| <input type="checkbox"/> Mattresses | <input type="checkbox"/> Over-the-bed tray tables |
| <input type="checkbox"/> Privacy screens | <input type="checkbox"/> Procedure lights |
| <input type="checkbox"/> Reclining chairs | <input type="checkbox"/> Scales (digital or analog) |
| <input type="checkbox"/> Utility carts | <input type="checkbox"/> 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
 Slit knives Tongue depressors
- Hygiene** Adult diapers Bath wipes
 Deodorant Hair brushes/combs
 Hand sanitizer Pill organizers
 Razor blades Sanitary napkins
 Shampoo Shaving cream
 Soap Toothbrushes
 Toothpaste
- IV (Intravenous)** Central line kits IV cannulas/catheters
 IV extension sets IV solution sets
 IV start kits Tourniquets
- Laboratory** Blood draw test tubes Blood pressure cuffs
 Butterfly needles Microscope glass covers
 Microscope slides Sharps containers
 Specimen containers
- Liquids** IV fluid bags
 IV flush syringes
 Sterile water
 Ultrasound gel
- Needles & Syringes** Needles
 Spinal needles
 Syringes
- OB/GYN** Amniotic perforators Perineal pads
 Umbilical tape/clamps Uterine dilators
 Vaginal packing Vaginal specula
- Orthopedic** Braces Casting padding
 Casting tape Collars
 Slings Splints
 Walking boots

Pediatric

- Baby hats
- Bili masks
- Meconium aspirators

Personnel Protection

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

Respiratory & Anesthesia

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

Surgery

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

Suture

- Suture

Urology/GI

- Enemas
- Enteral feeding extension sets
- Feeding tubes
- Ostomy supplies
- Urinary catheter insertion kits
- Urinary catheters
- Enteral feeding tubes
- External urinary catheter
- Foley catheters
- Urinals
- Urinary extension tubing
- Urine drainage bags

Wound Care

- | | |
|--|---|
| <input type="checkbox"/> Adhesive dressings | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Burn dressings |
| <input type="checkbox"/> Elastic bandages | <input type="checkbox"/> Gauze |
| <input type="checkbox"/> Hydrogen peroxide | <input type="checkbox"/> Hydrophillic dressings/
exuding dressings |
| <input type="checkbox"/> Iodine | <input type="checkbox"/> Laceration tray |
| <input type="checkbox"/> Packing strips | <input type="checkbox"/> Petrolatum gauze |
| <input type="checkbox"/> Self-adherent wraps | <input type="checkbox"/> Suturing tray |
| <input type="checkbox"/> Tape | |

Medical Equipment

Biomedical Equipment (Highly limited availability - first come, first served)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bili lights | <input type="checkbox"/> Blood pressure guages | <input type="checkbox"/> Canes |
| <input type="checkbox"/> Cautery machines | | |
| <input type="checkbox"/> Centrifuges | <input type="checkbox"/> CPAP/BIPAP machines | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Defibrillators | | |
| <input type="checkbox"/> ECG/EKGs | <input type="checkbox"/> Fetal doppler | <input type="checkbox"/> Incubators (laboratory) |
| <input type="checkbox"/> Infant warmers | | |
| <input type="checkbox"/> Isolette incubators | <input type="checkbox"/> Microscopes | <input type="checkbox"/> Nebulizer machines |
| <input type="checkbox"/> Ophthalmoscopes | | |
| <input type="checkbox"/> OR lights | <input type="checkbox"/> Otoscopes | <input type="checkbox"/> Procedures chairs |
| <input type="checkbox"/> Pulse oximeters | | |
| <input type="checkbox"/> Reflex hammers | <input type="checkbox"/> Refrigerators (lab) | <input type="checkbox"/> Shower chairs |
| <input type="checkbox"/> Slit lamps | | |
| <input type="checkbox"/> Stethoscopes | <input type="checkbox"/> Suction machines | <input type="checkbox"/> Tuning forks |
| <input type="checkbox"/> Ultrasounds | | |
| <input type="checkbox"/> Ventilators | <input type="checkbox"/> Vital sign monitors | <input type="checkbox"/> Walkers |

Please include any information about sizes, quantities or details for items if you know them. 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:

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

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 *

Date of Birth *

Month

Day

Year

Today's Date *

Month

-

Day

-

Year



Submit Application



Print Form