



HERO

Healthcare Equipment
Recycling Organization

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Healthcare Equipment Recycling Organization | Mission Supply Application

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Please review entire form for required fields before submitting. This form can also be submitted online at www.herofargo.org. This form may be emailed, faxed or mailed back to HERO. After receipt of the application, we will contact you with the next steps or request further information. If you have any technical difficulties or have any questions, please call 701-212-1921 or TF 888-524-2827.

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U.S. Domestic Sponsor for Missions

Organization: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

EIN: _____ Please attach all applicable 501(c)3 documents.

What type of organization:

Student Organization

Ethnic Group

Domestic ally of the overseas recipient

Domestic parent/administrative organization of overseas recipient

Individual

Medical Professionals

Other: _____

Overseas Recipient

Overseas Recipient Organization: _____

Contact Person: _____ Title: _____

Organization Address: _____ Country _____

Phone: _____ Fax: _____ Email: _____

Website: _____

EIN: _____ Attach any accompanying 501(c)3 documents, if applicable

What type of mission are these supplies going toward:

Primary Care Clinic

Outpatient Clinic

Temporary Medical Mission/Crisis

Acute Care- inpatient clinic/hospital

Education

Individual

Other: _____

Please note any country laws and/or restrictions HERO should be made aware of: _____

Discovery

How did you hear about HERO?

Previous work with/requests to HERO

Internet Search

Referred by:

Other

The Organizations

Please tell us about the mission of your organization/recipient organization or group (if applicable) including a brief history, organizational structure and numbers of those you serve.

Mission, history and programs: _____

Please indicate the number of each type of staff/position within organization:

Physicians: _____ Nurses: _____ Midwives: _____ Dentists: _____ Surgeons: _____

Biomedical Technicians: _____ Community Health Workers: _____ Nutritionists: _____

Laboratory Technicians: _____ Anesthesiologists: _____ Other: _____

Approximate number of patients/clients served annually: _____

The Mission

Please describe the country, community or population receiving assistance. Include any current health related issues, diseases, disaster or other information that justifies your cause.

Mission Description: _____

The Goals

Short- and long-term goals of your organization: _____

The Shipping

Size of shipment needed/requested*:

___ Hand-carried (less than one pallet)

___ Freight shipment (1-9 pallets)

___ 20' shipping container (approx. 10 pallets)

___ 40' shipping container (approx. 20 pallets)

___ Other: _____

Pallets approximately 4'x4'x4', 400 lbs, \$1200 USD value

*This is not a binding agreement to the size of the shipment requested. This allows us to prepare with a general idea of the needs of your organization. HERO does not provide shipping and your organization is responsible for the arrangement and cost of freight.

Desired shipment date: _____

Hand-Carry

___ Supplies to be packed by applicant at HERO warehouse

___ Supplies to be packed by HERO associate and picked up at HERO warehouse location by applicant

___ Supplies to be packed by HERO associate and shipped via carrier to US based applicant.

Applicant is responsible for all freight charges and arrangement of shipping.

HERO reserves the right to change pricing for options. Please contact us prior to submission of application for current rates.

US Sponsor Organization/US Applicant Shipping Address

Address Line One: _____

Address Line Two: _____

City: _____ State: _____ Zip: _____ Country: _____

HERO cannot ship to PO Boxes.

Freight Shipment

___ Domestic shipping for further processing before international distribution.

HERO can provide a list of items in shipment.

Logistics

HERO collects this information to make sure we are able to best meet your needs. While it is not mandatory, it allows us to make the best possible decisions when connecting our supplies to those in need.

Does the facility have access to (yes or no):

___ Reliable electricity

___ Reliable, clean water

___ Designated storage space

___ Biomedical repair service

___ Designated delivery location

Comments: _____

Payment

___ Overseas recipient organization

___ US based sponsor/administrative organization

___ Other: _____

Full Name: _____

Organization: _____ Title: _____

Phone Number: _____ Email Address: _____

Relationship to Project: _____

Payment Method (circle one): Check Credit Card Other: _____

The List

Please circle the items that you are generally looking for. This is not a complete list of supplies available at HERO and there is no guarantee that we will have all these items available. Please call us with any specific requests.

Ortho Supplies

Ace bandages
Stockinet's (non-sterile)
Esmark (non-sterile)
Coban
Casting supplies
Rehab

Respiratory Supplies

Misc resp
Thoracic
EKG pads and paper
Tracheotomy
Nasal cannulas
O2 tubing
Suction catheters
Spinal/epidural trays
Spinal needles
Suction canisters
C-pap/nebulizers
C-pap mask
Nebulizer med kits
E.T. tubes/stylets
Yankauer suction tips

Plastics

Emesis basins
Basins lg round
Drinking cups
Medicine cups
Flat trays

Surgery Supplies

Cautery Pencils (non-sterile)
Cautery Tips
Cautery Scrapers (non-sterile)
Surgical Markers (non-sterile)
Surgical Sponges
SteriStrips
Betadine
Q-Tips/Tongue Blades
Ioban Drapes
Staplers and removers
Drains
Biopsy
Needle counters (non-sterile)
Accepto syringes (non-sterile)
Ostomy
GI
Enteral feeding supplies
Eye
ENT
Endo Scope
Disposable blades
Sutures

Paper Products:

Surgical gowns (non-sterile)
Surgical drapes all sizes (non-sterile)
C-arm and x-ray covers (non-sterile)
Adult Briefs repacks
Chuxs flat repacks

Urology Supplies

Catheters
Urethral cath kits (self cath)
Foley cath kits
Bedside bags
Leg bags
Irrigation trays
Betadine solution
Lubricant

Wound Care Supplies

Tape
4x4 and 2x2 gauze
ABD pads
Packing gauze
Misc wound dressings
Betadine
Alcohol prep pads
Kerlix rolls
Kling rolls

Supplies are a mix of sterile and non-sterile.

Medical Supplies Cont'd

Respiratory/Anesthesia

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

Urology/GI

- Enteral Feeding Tubes
- Enteral Feeding ext. sets
- External urinary catheter
- Feeding tubes
- Foley catheters
- Ostomy supplies
- Urinals
- Urine drainage bags
- Urinary catheters/supplies

Wound Care

- Adhesive dressings
- Elastic bandages
- Iodine
- Burn dressings
- Gauze (sterile/non-sterile)
- Hydrophilic dressings
- Packing strips
- Petroleum
- Self-adherent wraps
- Tape

Medical Equipment Cont'd

- Reflex hammers
- Stethoscopes
- Suction machines
- Walkers

General Surgical Instruments

Neurological/Cardio

Other information/requests: _____

Please contact HERO for a current list of pricing on supplies

Legal Statement

The medical supplies, equipment and materials available from HERO, Healthcare Equipment Recycling Organization (here on as "HERO") are items that would otherwise be discarded from healthcare facilities and or/providers and individuals. These materials are made available on an "as-is" basis for the use of humanitarian relief through your organization. HERO and any donating facilities of supplies and equipment do not represent, warrant or imply that such materials are free of defects or suitable for any purpose. Each recipient organization, sponsor and recipient facility assumes full responsibility for making independent determination of the appropriateness and use of each item before using it. By submitting an application for the receipt of supplies, each organization, sponsor and recipient facility releases HERO, its board members, donors and employees from all responsibility, claims, costs and liability associated with the materials.

I have read and understand this statement: _____
(signature)

Full name: _____
(printed)

Email address to send copy of application for records to: _____

Today's Date: _____

Organization EIN: _____

Please save a copy of this application for your records.