



COVID-19 NYC SUPPLY REQUEST FORM

- This form should only be used to request supplies **other than Personal Protective Equipment (PPE) or Ventilators**
 - Requests for PPE through the NYC PPE Stockpile should be directed to Medline at www.Medline.com.
 - Requests for Ventilators through the NYC Ventilator Stockpile Program should be directed to Agiliti Health at <https://myagiliti.agilitihealth.com/>.
 - For more general information regarding requests for PPE or Ventilators, please visit www.gnyha.org/news/information-on-new-york-city-ppe-and-ventilator-stockpiles/.
- All requests for supplies other than PPE or ventilators should be made by submitting this form to GNYHA at: covidsupplies@gnyha.org. Please note Organization Name and 'Supply Request' in email subject.
- *ALL sections of this form MUST be completed for request to be submitted.*
- *As a reminder, there may be costs associated with any supplies provided pursuant to this supply request.*
- *Please limit request size to **ONE (1) WEEK** of anticipated demand for the product(s).*

Requestor Information	
Agency/Facility Name:	Association:
Requestor Name:	Requestor Title:
Requestor Phone #:	Requestor Email:
Have You Discussed this Requested with Your Organizations Supply Chain Executive?	
	No Yes

Resource Requests for Medical Supplies – all columns must be completed for all requested items			
Manufacturer Name	Model Numbers/Manufacturer Number	Item Description	Total Units Requested/Unit of Measure

Additional Resource Request Information (All Supplies)		
What type of medical service do you provide?:		
Have you exhausted all purchasing options at your facility's disposal?	No	Yes
Have you exhausted any potential mutual aid agreements or association agreements?	No	Yes
Please list all vendors you have contacted.		
If you have an order pending, what is the estimated delivery date?		

Delivery Information
Street Information:
Borough and Zip Code:
Delivery Point Of Contact Name/Title:
Delivery Point of Contact Phone #/ Email Address:
Specific Delivery Instructions:

Please email covidsupplies@gnyha.org with any follow up questions.

For GNYHA Review ONLY	
Review Staff Member Name:	Contact Phone #/Email Address: