

Date: *Form must be fully completed for consideration*

Facility Information

Facility Name	
Facility Address	

Contact Information

Contact Name	
Contact Title	
Contact Email	

Mitigation Steps

(Please make sure to have met these mitigation steps (if applicable) before requesting supplies from the Coalition)

Internal Plans	Have you followed guidance in your facility plans for critical supply shortage?	YES	NO	N/A
	Will these supplies be used for critical services only?	YES	NO	
Affiliations	Do you have corporate/sister facilities?	YES	NO	
	Have you contacted them THROUGH PROPER CHAIN OF COMMAND for support?	YES	NO	N/A
Vendor	Have you contacted your primary vendor	YES	NO	
	Have you contacted secondary/back up vendors	YES	NO	

Specifically, what patients are you seeing that require PPE use?

Specifically, what procedures are you performing that require PPE use?

Other mitigating steps you may have taken:

Population Served:

Extenuating Circumstances (if applicable):

Critical Supply Information/Request				
Item	Current Supply (Each)	How long will this supply maintain operations?	When do you expect more supplies?	How many are you requesting? (Each)

Fill out this form and email to:

John Brinkley Knox Regional Hospital Coordinator Knox/East Tennessee Healthcare Coalition Advisory Board John.brinkley@knoxcounty.org	Wanda Roberts East Region Regional Hospital Coordinator Knox/East Tennessee Healthcare Coalition Advisory Board Etrhc.health@tn.gov
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Please understand, our supplies are limited. We are doing our best to meet critical needs to keep each facility operational based on CDC guidance for PPE conservation/usage recommendations.

<p>Approval/Denial <i>Justification:</i></p>	<p>Date Notification to Requestor:</p>
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