

## COVID-19 Response: Supply Chain Form

1. **Company Name:**
2. **Company Address:**
3. **Contact Name:**
4. **Contact Phone Number:**
5. **Contact Email:**
6. **Referred by:**
7. **Product specifications** (e.g., N95, level 2 isolation gown, please attach photos, if available)
  
8. **FDA registration / device listing and/or other regulatory approvals** (e.g., NIOSH, CE, UL, etc., please attach documentation)
  
9. **Shipping / import details** (if relevant)
  
10. **Delivered product pricing** (including total of all shipping related charges, import duties, taxes, fees; order discounts)
  
11. **Payment terms**

PLEASE EMAIL COMPLETED FORM AND ANY ATTACHMENTS TO [GIVING@LHS.ORG](mailto:GIVING@LHS.ORG)

