

Supply Request Form Medical Missions Abroad

Plastics	
Item	No.
Basins	
Emesis Basins	
Tubs	
Pitchers	
Med cups	
Spec jars	
Bulb Syringes	
Other	

Paper/drapes, bulky	
Item	No.
Full packs	
Gowns	
Large paper drapes	
halfsheets	
Leggings, extremity drapes	

Paper/drapes, compact	
Item	No.
Towels, paper	
Towels, cloth	
Table covers	
Mayo stand covers	
Small drapes	
Stockinets	

Urinary collection	
Item	No.
Foley Trays	
Collection bags only	
Urinary Catheters	

Skin Prep (not Duraprep)	
Item	No.
Prep Trays	
Foam Sponges	
Betadine 4 oz	
Spec jars	

Suction supplies	
Item	No.
1/2" tubing	
Suction catheters	
Yankhauer tips	

Dressings	
Item	No.
Dressing kits	
Dressings (4x4's, 2x2's)	
ABD pads	
transparent	
Ace bandages (elastic)	
Rolled gauze	

Other General Use	
Item	No.
Surgical gloves	
Emesis Basins	
Nasoatraic/feeding tubes	
Foil packets (circle)	
Alcohol bacitracin benzoin betadine bone wax lubricant peroxide Vaseline xeroform	

Sutures/skin closure	
Item	No.
Sutures (specify)	
Steel wires	
Skin staplers	
Ligating clips	
Magnetic suture counters	

Surgical sponges	
Item	No.
Lap sponges	
4x4 surgical sponges	
Tonsil sponges	
Peanuts, cottonoids	
Cotton-tipped applicators	

Wound drains	
Item	No.
Closed wound drains	
Suction evacuation	
Pulsed wound irrigator	

Other surgical	
Item	No.
Antimicrobial film	
Surgical blade	

Other Supplies (specify)	
Item	No.

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Date: _____

Please fill out the following information:

Contact Information

Name: _____

Work Address: _____

Department: _____

Contact number: _____

E-mail Address: _____

Volunteer Destination:

City, Country: _____

Name of Clinic/ Hospital: _____

Contact person of Clinic/ Hospital: _____

Length of stay: _____

Type of Work: _____

Please save and email this form to PR.Midland@MidMichigan.org for review and consideration of donation. Your request will be reviewed within 10-15 business days and we will contact you via email. If you have been selected, we welcome any photographs from your medical mission to see how our donation was used.