

RESOURCE REQUEST FORM

Facility/Organization Request Number: _____



By submitting this document I **CERTIFY** that the resources requested **are currently not available** and that **our organization has exhausted all appropriate means to procure such resources. I understand that my facility organization is responsible for all costs related to filling this request.**

| 1 REQUESTOR CONTACT & FACILITY/ORGANIZATION INFORMATION | | | | |
|---|-------------------|----------------------------|----------|---------|
| Today's Date (1a) | Current Time (1b) | Full Name (1c) | | |
| | | | | |
| Cell # (1d) | Alternate # (1e) | Direct E-Mail Address (1f) | | |
| | | | | |
| Facility/Organization Name (1g) | | | | |
| | | | | |
| 24-Hour E-Mail Address (1h) | | 24-Hour # (1i) | | |
| | | | | |
| Facility Type (1j) | | | | |
| Clinic | Dialysis | Home Health | Hospital | LTC/SNF |
| Surgery Center | Other _____ | | | |

| 2 DELIVERY LOCATION & POINT OF CONTACT INFORMATION | | |
|--|---------------------------------------|--------------------------------|
| Street Address (2a) | Unit # (2b) | City (2c) |
| | N/A | |
| Zip Code (2d) | 24-Hour # (2e) | 24-Hour E-Mail Address (2f) |
| | | |
| Load Dock (2g) | Point of Contact (POC) Full Name (2h) | POC Direct # (2i) |
| Yes No | | |
| POC Alternate # (2j) | | POC Direct E-mail Address (2k) |
| | | |
| Delivery Location & POC Notes (2l) | | |

| 3 ITEMIZED RESOURCE (enter ONE item only, additional spaces on 213RR Supplemental Document) | | | | | | | | | | |
|---|---------------------------|----------------------------------|-----------|-----------|-------------------------------|----------------------|--------------------|-----------------------|--------------|--|
| AOC Tracking # | Resource Description (3a) | Primary use/purpose of item (3b) | Size (3c) | Qty. (3d) | Unit of Measure (3e) | Allocated Funds (3f) | Itemized # (3g) | Fulfillment Rte. (3h) | Filled? (3i) | |
| | | | | | Box, case, Each, Pallet, Etc. | | AOC Completes This | AOC Completes This | Yes | |
| | | | | | | | | | No | |
| | | | | | | | | | N/A | |

| 4 FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT SIGNATURE | | |
|--|----------------|------------------|
| Name of Person Authorizing Order (4a) | Signature (4b) | Date Signed (4c) |
| | | |

| AOC COMPLETES THIS: AOC STAFF SIGNATURE OF RECEIPT | | | |
|--|-----------|-----------|----------------|
| Date (4d) | Time (4e) | Name (4f) | Signature (4g) |
| | | | |

EMAIL TO: AOCResourceRequestLead@ochca.com

AOC COMPLETES THIS: Resource Request Number: _____

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ADDITIONAL RESOURCE REQUESTS (CONTINUED FROM PAGE 1) THIS IS A SUPPLEMENTAL PAGE ONLY

S1 REQUESTING FACILITY/ORGANIZATION INFORMATION

| Today's Date (S1a) | Current Time (S1b) | Facility/Organization Name (S1c) |
|--------------------|--------------------|----------------------------------|
| | | |

S3 ITEMIZED RESOURCES (enter ONE item per line, duplicate this form if number of needed resources exceed the provided spaces)

| AOC Tracking # | Resource Description (S3a) | Primary use/purpose of item (S3b) | Size (S3c) | Qty. (S3d) | Unit of Measure (S3e) | Allocated Funds (S3f) | Itemized # (S3g) | Fulfillment Rte. (S3h) | Filled? (S3i) |
|----------------|----------------------------|-----------------------------------|------------|------------|-------------------------------|-----------------------|--------------------|------------------------|------------------|
| | | | | | Box, case, Each, Pallet, Etc. | | AOC Completes This | AOC Completes This | Yes No N/A |
| | | | | | Box, case, Each, Pallet, Etc. | | AOC Completes This | AOC Completes This | Yes No N/A |
| | | | | | Box, case, Each, Pallet, Etc. | | AOC Completes This | AOC Completes This | Yes No N/A |