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| **PRODUCT DISTRIBUTION (SHIP) REQUEST FORM** |

***Requestor to complete the section below and submit to Customer Service for approval***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REQUESTED BY:**  {{loggedin\_user}} | | | **DATE REQUESTED:**  {{today}} | **DATE NEEDED:**  {{needed\_by\_date}} | **PROTOCOL #:**  2053 | **REQUEST #:**  *2053-{{sequence\_number}}* |
| **RECIPIENT SHIPPING INFORMATION** | | | | | | |
| **Contact Name**: {{recipient\_firstname}} {{recipient\_lastname}} | | | | | | |
| **Hospital/Facility Name**: {{site\_name}} | | | | | | |
| **Street Address**: {{address}} | | | | | | |
| **City, State, Zip Code**: {{city}}, {{state}}, {{zip}} | | | | | | |
| **Country**: {{country}} | | | | | | |
| **Phone Number**: {{phone}} | | | | | | |
| **Email Address**: {{email}} | | | | | | |
| **ITEMS TO BE SHIPPED** | | | | | | |
| **QTY** | **PART/REF NUMBER** | **DESCRIPTION** | | | | |
| {{dp\_qty}} | 900-00035 | Double Patch Shipper, Packaged | | | | |
| {{sp\_qty}} | 900-00034 | Single Patch Shipper, Packaged | | | | |
| {{mdu\_qty}} | 900-00044 | ES-2 Monitoring and Defibrillation Unit (MDU) | | | | |
| {{sk\_qty}} | 900-00036 | ES-2 Starter Kit | | | | |
| {{spk\_qty}} | 900-00049 | Skin Prep Kit, A La Carte | | | | |
| {{rmk\_qty}} | 900-00050 | Removal Kit, A La Carte | | | | |
| {{pa\_qty}} | 900-00051 | Placement Accessory, A La Carte | | | | |
| {{ht\_qty}} |  | Haïr Trimmer, A La Carte | | | | |
| {{ifu\_qty}} |  | IFU, A La Carte | | | | |
| {{al\_qty}} |  | Adhesive Laminate, A La Carte | | | | |
| {{psk\_qty}} |  | Packed Starter Kit (Sites Only) | | | | |
| {{su\_qty}} |  | Shipping Supplies | | | | |
| **SPECIAL INSTRUCTIONS:** | | | | | | |
| **☐ NONE** | | | | | | |

***Customer Service to review information above and submit approved request to Operations***

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPT.** | **NAME** | **SIGNATURE** | **DATE** |
| **CUSTOMER SERVICE** |  |  |  |

|  |  |
| --- | --- |
| ***Operations to complete the section below and submit to Supply Chain Management*SHIP FROM: ☐ Element Science, Inc.** | **SHIPPING METHOD**  *Place a check “✓” mark in the applicable area.* |
| Contact Name: | **Priority** Overnight  **☐** FedEx **☐** UPS **☐** Other |
| Hospital/Facility Name | **Standard** Overnight  **☐** FedEx **☐** UPS **☐** Other |
| Street Address: | **International**  **☐** Freight **☐** Priority |
| City, State, Zip Code: | **Hand Carry** By: |
| Country: | Other: |
| Phone Number: |  |
| Email Address: |  |
| **SPECIAL INSTRUCTIONS:** | |
| **☐ NONE** | |

***Approval (Operations)***

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPT.** | **NAME** | **SIGNATURE** | **DATE** |
| **OPERATIONS** |  |  |  |

***Supply Chain Management to fulfill request and complete the following section***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SHIPPED PRODUCT** | | | | | |
| **PART/REF NUMBER** | **DESCRIPTION** | | **LOT NUMBERS/SERIAL NUMBERS** | | |
| 900-00035 | Double Patch Shipper, Packaged | |  | | |
| 900-00034 | Single Patch Shipper, Packaged | |  | | |
| 900-00044 | ES-2 Monitoring and Defibrillation Unit (MDU) | |  | | |
| 900-00036 | ES-2 Starter Kit | |  | | |
| 900-00049 | Skin Prep Kit, A La Carte | |  | | |
| 900-00050 | Removal Kit, A La Carte | |  | | |
| 900-00051 | Placement Accessory, A La Carte | |  | | |
|  | Hair Trimmer, A La Carte | |  | | |
|  | IFU, A La Carte | |  | | |
|  | Adhesive Laminate, A La Carte | |  | | |
|  | Packed Starter Kit (Sites Only) | |  | | |
|  | Shipping Supplies | |  | | |
| **TRANSFER NUMBER(S):** | |  | | | |
| **TRACKING NUMBER(S):** | |  | | | |
| **COMMENTS:**  **☐ NONE** | | | | | |
| **SHIPPED BY:** | | | |  | **DATE SHIPPED:** |