

Medical Mission Request

Instructions:

A mission request cannot be reviewed until this form is completed in its entirety, signed, and the required documents are submitted to **Grants.AMER@ZimmerBiomet.com**. Requests that are not typed may not be considered. All information should be submitted at least 90 days prior to the date that you need these items shipped.

Zimmer Legacy Product

Biomet Legacy Product

General Information

Nonprofit Organization Name:

Contact Person

Street Address

City

State

Zip

Email Address

Phone Number

Requesting Surgeon:

Under whose direction these products are being requested

Trip Information

PLEASE NOTE: Zimmer Biomet will not provide a donation for trip locations with OFAC Embargoes. Locations can be checked at:

<http://www.treasury.gov/resource-center/sanctions/programs/pages/programs.aspx>

<http://www.treasury.gov/resource-center/sanctions/sdn-list/pages/default.aspx>

Trip Location

Trip Dates

Date Products are Needed

(Request must be 90 days from today's date for consideration)

Trip Purpose and Details

Number of
Surgeries Planned

What type of procedures
are you planning to use
these products for?

What type of products
are you requesting?

Please list products
lines you have
previously used:

If available, a comparable legacy line similar to what you have used will be considered for the donation.

Name of Facility:
(Where surgeries will occur)

Contact Person "in charge":
(at the facility where surgery will occur)

Facility Address

Email Address

Phone Number

Shipping Information (US Shipping Address Only):

Yes **No** Product should be shipped to the above address (if yes, an additional address does not need to be provided below)

PLEASE NOTE: Products cannot be shipped to a surgeon's home or office unless that location is the official packing site for the trip

Shipping Contact

Phone Number

Street Address

City

State

Zip

Required Documents

Requests cannot be considered without the attached forms

Product Template (included as page 3)

IRS Determination Letter (501(c)(3) certificate) or equivalent documentation of tax exempt status

Certifications

Requests cannot be considered without the attached forms

I/we:

hereby certify that:

I/we have obtained any necessary import license, for the requested products from the destination country.

I/we have obtained the necessary health authorization (if applicable) from the destination country.

To the best of my/our knowledge and belief, the end user of the products:

- Is associated with this mission,
- Is not located in (or representative of) any sanctioned country, or
- Is not knowingly affiliated with (or representative of) any entity on any International embargo list, or on any list of restricted or denied parties.

Any reexport or retransfer, or use other than at the mission location, of these products will be conducted only after receipt of authorization from Zimmer Biomet.

I/we certify that neither the patient, a family member, insurance company, nor a federal, local, or state program, not any other third party payor will be charged for the surgery and/or services performed in conjunction with the use of Zimmer Biomet's donated products.

Signature of authorized representative of organization verifying that the provided information is accurate:

Completed grant applications with attachments can be provided via e-mail to grants.AMER@zimmerbiomet.com

Product Request Template

Please provide your product information in excel with the below formatting.

Product Number	Description	Unit	Qty
Example: 00-8890-002-00	Ortho Case Padding	Bx-20	1