**Emergency PPE Request Form**

**This form is for use when you have not received orders from your usual supplier and have less than 72 hours of stock remaining**

1. **Contact Details**

|  |  |
| --- | --- |
| **Pharmacy Name** |  |
| **Delivery Address** |  |
| **Contact Name** |  |
| **Contact Email Address** |  |
| **Contact Telephone Number** |  |

1. **Current Stock**

|  |  |
| --- | --- |
| **Please complete** |  |
| Do you currently have **LESS THAN** the level of stock required for the next 72 hours? | YES / NO |
| Have you tried your usual supply chain? | YES / NO |
| Who is your usual supplier |  |

1. **Required Stock**

Stock provided will be based on what the CCG has available and is intended as temporary support (usually for 72 hours)

|  |  |
| --- | --- |
| **Item** | **Quantity required** |
| Surgical Masks (Sessional Use) |  |

1. **Returning the form**

Please return the form to [devon.primarycare@nhs.net](mailto:devon.primarycare@nhs.net)

It will then be checked and forwarded to the PPE team for distribution of emergency PPE. If the form is not completed appropriately it will be returned to you.