**DUKE GLOBAL HEALTH**

**P**lacement of **L**ife-Changing **U**sable **S**urplus (GH PLUS)

MEDICAL EQUIPMENT

**Application Form**

**1. Instructions**

* Before you complete this application please read the program description for further information on the process and to ensure your project is eligible for the GH PLUS program
* Once complete, please send the application electronically to [duke-ghplus@duke.edu](mailto:duke-ghplus@duke.edu)

**2. General Information of Applicant(s)**

|  |  |
| --- | --- |
| Name of Duke Faculty or Affiliated Physician |  |
| Primary Department |  |
| Telephone Number |  |
| Email |  |
| List other Duke faculty participating in the project |  |
| Are there Duke students/trainees involved? |  |

**3. Project Information and Request for Equipment**

|  |  |
| --- | --- |
| Project name |  |
| Please provide a description of the project (up to one page): Include Duke program/project objectives, desired outcomes, and specify whether it is research, training, or service-related. |  |
| Start and end date of the Duke project. |  |
| Total project budget through Duke. Please specify the source of the funding. |  |
| Location of project and where the equipment would be shipped. Name of Duke partner organization receiving the medical equipment. |  |
| Name(s) and citizenship of consignee(s) |  |

**4. Description of Logistics**

|  |  |
| --- | --- |
| Describe plans for shipping and installation. Specify who will be responsible for installing the equipment and ensuring its proper functioning. |  |
| Describe plans to train users. Specify whether the receiving institution is trained to make appropriate use of the equipment. |  |
| Describe the plan for the receiving institution to keep the equipment in good working order. Please list the servicing required, and indicate how the servicing will be ensured. |  |
| Explanation of how the costs of shipment, installation, and training (if applicable) will be covered. |  |

**5. Request of Medical Equipment**

Please explain how donation of medical equipment will impact the Duke project. Add any other information you would like the committee to consider.

In the table below, please list the medical equipment that would most benefit your project. Be as specific as possible in order for us to help match your needs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Can quantity be split in various shipments?** | |
| **Name / Description of Equipment** | **Quantity** | **Yes** | **No** |
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