



COVID-19 critical supply request form

This form should be used to submit urgent requests for COVID-19 critical supplies resulting from an outbreak or the need for large volumes of COVID-19 critical supplies.

To ensure COVID-19 critical supplies are available for priority groups, all requests will be reviewed and evaluated based on availability and risk. It is not guaranteed that all requests will be approved.

Prior to submitting this form, all primary pathways to source COVID-19 critical supplies need to have been exhausted.

Primary request pathway for COVID-19 critical supplies, by category of organisation

Organisation categories	Primary COVID-19 critical supplies request pathway
Primary care providers, including GPs and general practice respiratory clinics	Follow instructions on the WA Primary Health Alliance (WAPHA) website .
WA Health contracted partners	Email the completed COVID-19 critical supply request form to HSS.CovidCriticalSupply@health.wa.gov.au
Private hospital providers	Contact your usual supplier in the first instance.
Aged care providers	Email the completed COVID-19 critical supply request form, demonstrating evidence of need, to the Australian Government at agedcareCOVIDPPE@health.gov.au
Disability service providers	Email the completed COVID-19 critical supply request form to Australian Government at NDISCOVIDPPE@health.gov.au , demonstrating evidence of need.
Other WA government agencies, government trading enterprises and third-party providers	Email the completed COVID-19 critical supply request form to HSS.CovidCriticalSupply@health.wa.gov.au
Aboriginal community health organisations	Follow instructions on the WA Primary Health Alliance (WAPHA) website .

Please confirm that you have exhausted your primary pathways to source COVID-19 critical supplies	
Why haven't you been able to source COVID-19 critical supply through your primary pathway?	

Disclaimer

- All COVID-19 critical supply requests will be invoiced to the requesting organisation. Exceptions apply where public health policy is applicable at the time of the request.
- No exchange and no returns will be possible once the request is processed.

Instructions for use

1. Complete this COVID-19 critical supply request form.
2. Attach supporting documentation (if applicable).
3. Email the completed form and supporting documentation to the relevant email address for your organisation's category, as listed above.

You may be contacted for more information if required.

Section 1: Requestor details

Fields	Response
Date of request	
Organisation name	
Requestor category	Primary care providers, including GPs and general practice respiratory clinics WA Health contracted partners Private hospital providers Aged care providers Disability service providers Other WA government agencies, government trading enterprises and third-party providers Aboriginal community health organisations
Tick appropriate category	
Contact person's name	
Contact email address	
Contact phone number	
Authorised by (if different to contact person)	
Invoicing details	
ABN (if applicable)	
Organisation address	
Purchase order number (if applicable)	

Fields	Response
Requestor's finance contact email address	
Requestor's finance contact phone number	

Proceed to Section 2.

Section 2: Considerations

Fields	Yes/No	Response
Is this request resulting from a change in public health policy?	Yes No	
Is this request resulting from a change in usual supply demand?	Yes No	
Is there a potential impact of not receiving your requested COVID-19 supplies on the following?		
• Health of patients, staff or others	Yes No	
• Critical services interruption	Yes No	
• Reputational damage	Yes No	
• Other	Yes No	

Attach supporting documents, as required.

Proceed to Section 3.

Section 3: Considerations for COVID-19 critical supply request

In completing this section please refer to the following:

- [Identification and use of personal protective equipment in the clinical setting during the COVID-19 pandemic policy](#)
- [Personal protective equipment for health services, emergency services and other agencies](#)

Fields	Yes/No	Response
Is your request in accordance with the Identification and use of personal protective equipment in the clinical setting during the COVID-19 pandemic policy ?	Yes No	

Proceed to section 4.

Section 4: Product request

Fields	Quantity (units and sizes, where applicable)	Equivalent number of weeks of supply
Face shields		
Gloves examination – Small		
Gloves examination – Medium		
Gloves examination – Large		
Gowns isolation – Small		
Gowns isolation – Medium		
Gowns isolation – Large		
Gowns isolation – X- Large		
Hand sanitiser		
Mask surgical level 2		
Safety glasses		
Specimen collection swabs		
Wipes disinfecting		
Masks		
N95/PFR Provide evidence of fit testing		
Industree Trident P2		
Softmed respirator with headband		
Care Essentials respirator with headband		
3M™ Aura 1870+		
Other masks Requests for masks not listed above will be considered, if fit tested. Provide evidence of fit testing		

Proceed to section 5.

Section 5: Delivery details

Fields	Response
Requested date for delivery	
Delivery address	
Opening hours for receiving deliveries	
Delivery contact name	
Delivery contact mobile number	
If ordering in bulk, will a forklift be available to unload	
Is there access for a truck to deliver onsite	
<p>Loscam pallets should be returned to the HSS Warehouse at 6 Marriott Street, Jandakot. Unreturned Loscam pallets will be charged to your Loscam account.</p>	
Please provide your Loscam account number	

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This document can be made available in alternative formats on request.

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