Instructions:

To process your request, please complete sections A-C and return this form to the below email.

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| 1. Contact details - Please complete steps A.1-A.3 | | | |
| 1. Customer details | | | |
| Organization Name: |  | Type of organization (check one):  UN agency  Government  NGO  other (please specify) | |
| Funding source: Domestic Resources:  Global Fund  World Bank  WAHO:  Other (please specify):  Loan/Credit/Grant Agreement Number (If applicable, i.e. World Bank-funded):  Project Closing Date and or fund expiration date (DD/MM/YYYY): | | | |
| Address: | | | |
| Contact person first name: | Last name: | | Title: |
| E-mail: | Office Telephone (include country code): | | Mobile Telephone (include country code): |
| 1. **Consignee details\*** (if different from A.1) | | | |
| Organization Name: | | | |
| Address: | | | |
| Contact person first name: | Last name: | | Title**:** |
| E-mail: | Office Telephone (include country code): | | Mobile Telephone (include country code): |
| Preferred seaport/airport of goods delivery: | | | |
| 1. **Additional parties to be notified** (if different from A.1) | | | |
| Organization Name: | | | |
| Address: | | | |
| Contact person first name: | Last name: | | Title**:** |
| E-mail: | Office Telephone (include country code): | | Mobile Telephone (include country code): |
| *\*Goods will be delivered to nearest port/airport if nothing else specified* | | | |

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| **B. Requested items** | | |
| **Product ID** | **Product description** | **Quantity** |
| **IARH Kits** | | |
| **Kit No. 1A** | Male Condoms |  |
| **Kit No. 2A** | Clean Delivery, Individual |  |
| **Kit No. 2B** | Clean Delivery, Birth attendants |  |
| **Kit No. 3** | Post-Rape Treatment |  |
| **Kit No. 4** | Oral and Injectable Contraception |  |
| **Kit No. 5** | Sexually Transmitted Infections (STI) |  |
| **Kit No. 6A** | Clinical Delivery Assistance kit - Midwifery Supplies, Reusable Equipment |  |
| **Kit No. 6B** | Clinical Delivery Assistance kit - Midwifery Supplies, Drugs and Disposable Equipment |  |
| **Kit No. 8\*** | Management of Complications of Miscarriage or Abortion |  |
| **Kit No. 9** | Repair of Cervical and Vaginal Tears |  |
| **Kit No. 10A** | Assisted Delivery with Vacuum Extraction -model HM Healthcare |  |
| **Kit No. 10B** | Obstetric Surgery and Severe Obstetric Complications, Reusable Equipment |  |
| **Kit No. 11A** | Referral Level, Reusable Equipment kit |  |
| **Kit No. 11B\*** | Obstetric Surgery and Severe Obstetric Complications, Drugs and Disposable Equipment |  |
| **Kit No. 12** | Blood Transfusion kit |  |
| **Complementary Commodities** | | |
| **Kit No.0** | Administration kit |  |
| **Kit No. 1B** | Female Condoms kit |  |
| **CCchx** | Chlorhexidine gel |  |
| **CCmis** | Misoprostol |  |
| **CCdsc** | Depot-Medrroxyprogesterone Acetate (DMPA-SC) |  |
| **Kit No. 7** | Intra Uterine Devices (IUD) kit |  |
| **CCimp** | Contraceptive Implant kit |  |
| **CCasg** | Non-Pneumatic Anti Shock Garment |  |
| **CCoxy** | Oxytocin |  |
| **CCmalb** | IEHK Basic Malaria Module |  |
| **CCmals** | IEHK Supplementary Malaria Module |  |
| **CCmif** | Mifepristone |  |
| **CCvad** | Hand-held Vacuum Assisted Delivery System |  |
| \*IARH Kit 8, 6B and 11B include Misoprostol, a lifesaving medicine recommended by WHO. Please be aware that Misoprostol may not be registered yet in all countries. We therefore recommend you verify as soon as possible with the authorities in your country if there are special requirements for you to comply with, before clearing this kit from customs. | | |
| \*\*Please make sure that all items contained in the kits, especially medicines, are authorized to be imported in your country by the respective authorities and that you have made all necessary logistics arrangements for receipt and inspection, domestic transportation, storage, and management. | | |

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| **C. Additional information** |
| **C.1 Special order requirements** |
| Preferred mode of shipment:  AIR  SEA  TRUCK |
| Requirements for INCOTERMs other than CIP (Port of Destination): |
| Special import or export requirements (translations, Chambered Certificates of Origin, Apostilled Shipping Documents, etc.): |
| Customized packaging/printing for the order (please describe): |
| **C.2 Procurement purpose** (please check box that apply) |
| Acute-Emergency  Protracted Emergency  Pre-positioning  Regular Procurement  Other |
| **C.3 Distribution plan availability** |
| (if yes, please check box) |

UNFPA contact for Procurement Questions: [rhkits@unfpa.org](mailto:rhkits@unfpa.org)

**UNFPA contact for Programmatic Supply Questions:** [**Humanitarian-SRHsupplies@unfpa.org**](mailto:Humanitarian-SRHsupplies@unfpa.org)