

Nebraska SNS Request form

Date: _____ Time: _____ Request type: Initial Resupply

Requestor Information

Requestor/Organization: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Nature of Event

- Bioterrorism Naturally Occurring Disease Mass Casualty Incident
 Other (Please Specify): _____

Suspected Agent (if Known): Anthrax Plague Tularemia Small Pox Influenza Unknown
 N/A Other _____

List cities and/or counties affected: _____

Estimated number of people affected: _____

Medical Assets Requested

Does a Local Cache Exist for the items requested?
 Yes No

Has this Local Cache Been Utilized? Yes No N/A

Type of Assets Requested:

- Antibiotics Vaccine Antivirals
 Other: _____

Other Specific Information/Comments: _____

Destination of Assets: _____

Points of Contact for this request

Primary POC:

Phone: _____

Fax: _____

Email: _____

Secondary POC:

Phone: _____

Fax: _____

Email: _____