**Hand Carry**

1. **Supply Request List**

Fill out the form below and list the supplies your mission team would like to obtain from the SOS Medical Team Store, or attach a typed list and submit with your application.

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| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Size** | **Category** | **Item** | **Notes** | **Will Accept item Non-Sterile** |
| *EXAMPLE**1 box of 100* | *M* | *Gloves* | *Exam gloves* | *Be as specific as possible in this section, for example: No Latex.* | *If we only have the item you want in non-sterile, will you take it? If yes, put check here.* |
| *EXAMPLE**1/box of 100* | *L* | *Gloves* | *Surgery gloves* | *Prefer Nitrile* | *no* |
| *EXAMPLE**1000* | *4”x4”* | *Dressing* |  | *Prefer Sterile* | *Yes* |
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