

# PPE Order Request Form

(For Individual Providers)

Please fill out this form as a first step in requesting PPE from the Washington State Department of Health and Social Services. Please refer to the "Process to Request PPE" document for further instructions.

Number of Clients											
Requestor Name											
Phone Number											
Email Address											
Shipping Address											
COVID Status	<p>Have you or any of your clients been suspected or confirmed of COVID-19 infection?</p> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> <tr> <td># COVID+ clients</td> <td></td> <td># COVID- clients</td> <td></td> </tr> </table>			YES		NO		# COVID+ clients		# COVID- clients	
YES		NO									
# COVID+ clients		# COVID- clients									

After successfully completing the request process, you should expect to receive your shipment within 24-72 hours. Your shipment will contain a fixed set of PPE (per client) detailed below.

## Individual Providers - WITH Confirmed or Suspected Cases of COVID-19

	Unit of Issue	Quantity per Set
KN95 Mask	Each	22
Gown	Each	22
Face Shield	Each	22
Gloves	Box of 100	1.5

## Individual Providers - WITHOUT Confirmed or Suspected Cases of COVID-19

	Unit of Issue	Quantity per Set
Surgical Mask	Each	53
Gown	Each	23
Face Shield	Each	22
Gloves	Individual Gloves	8