Standard Operating Procedures (SOP) for Donations of 3MDG funded supplies

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1. CONTENTS

2. INTRODUCTION

This document describes the procedures to be followed when donating or exchanging health commodities, which were funded through the Three Millennium Development Goal Fund (3MDG). The instructions in this document for donations are only applicable to health commodities purchased to carry out activities as agreed in the Memorandum of Agreement (MoA) between the donating organisation and 3MDG Fund; these instructions are **not transferrable to donations of assets**.

Partners are responsible to ensure processes are in place to avoid the expiry of health commodities as much as possible. The Fund Manager regularly conducts Commodity Tracking Systems reviews (CTSR) whereby the supply chains of partners are assessed on, amongst other things, whether they are sufficiently robust to safeguard commodities funded by 3MDG. For example adequate forecasting and warehouse management systems should be in place to reduce excess stocks to a bare minimum. Although expiry of commodities can never be totally prevented, as much as possible systems and processes should be in place to reduce this.

Part of the SOP has been dedicated to explain measures which either avoid or reduce the need to destroy perishable commodities. Often through simple means unnecessary expiry of commodities can be avoided, for more details please see chapter 3.

If commodities subsequently cannot be consumed by the organisation themselves, the second option would be to exchange or donate commodities to other organisations.

TWO MAIN PRINCIPLES FOR EXCHANGES AND/OR DONATIONS:

1. **DONATIONS AND EXCHANGES REQUIRE APPROVAL FROM THE FUND MANAGER;**
2. **DONATING COMMODITIES DOES NOT RELIEVE THE DONATING ORGANISATION FROM ITS RESPONSIBILITY TO ENSURE THAT THESE GOODS ARE PROVIDED (I) FREE OF CHARGE, (II) PRIOR TO THEIR EXPIRY, AND (III) IN GOOD CONDITION TO THE BENEFICIARIES.**

Donation or even exchanges of commodities require the permission of the Fund Manager. , see chapters 4, 5 and 6 for details on this process.

As final part of this guideline a chapter is included regarding the disposal of expired pharmaceuticals and other health consumables. Proper disposal of excess pharmaceuticals is a complex matter especially in developing countries with limited resources. This chapter is not intended to provide a full insight into the best disposal methods for these kinds of commodities but rather provides links to documents and resources with more detailed information. Please see chapter 7 for details on disposing of expired health commodities.

3. HOW TO AVOID EXPIRY

In a country where there are insufficient treatments for all those who require them, it is everybody's responsibility to avoid any health commodities expiring, because each and every commodity could have served to a beneficiary.

Excess can occur due to several reasons, not limited to the below listed ones:

- Incorrect forecasting of requirements, resulting in too high stock levels which cannot be consumed prior to its expiry;
- Incorrect planning; for example stock arrives after the season and consumption rates have dropped significantly;
- Unexpected seasonal effects/outbreaks of diseases can increase consumption beyond expected levels;
- Changing of treatment protocols; due to the introduction of a new drug protocols are changed and new drugs are ordered not taking in account the existing stock in the warehouse.

Most of these situations can be avoided with proper planning, forecasting, and managing but still too often situations arise which lead to excess stocks. Especially for commodities with relatively short shelf lives this requires continuous monitoring and managing of the supply chain. For example, some malaria artemisinin combinations and diagnostic tests with only 2 years of total shelf live are often prone to expiry prior to its use.

There are several ways to reduce the risk of commodities expiring:

- **When changing treatment protocols**: ensure first the old stocks are consumed prior to introduction of the new treatment;
- **At the forecasting phase**: When calculating for new establishments, take in account that consumption will start at a lower rate and increase over time, this should be taken into account when determining consumption rates;
- **Staggered deliveries**: Consider orders to be delivered in stages this would result in the second delivery coming from more recent produced stocks with longer shelf lives. This has a second advantage; when consumption would be substantial lower as expected adjustments can be made in the planned delivery. Suppliers could be requested to delay the supply with a certain period. Often organisations have urgent requirements so suppliers often do not mind delaying the delivery of a confirmed purchase order as they can use these commodities for other clients.

- **Warehouse management**: Correct procedures in the warehouse can avoid situations where commodities expiry unnecessarily. Below are some methods to ensure no unnecessarily expiry occurs:
    - Use Fist-Expiry-First-Out (FEFO), those items expiring soonest should be utilised soonest;
    - Ensure shelving is done in such a way that the earliest expiring commodity is stacked in front of the commodities with longer shelf lives;
    - Clearly mark boxes etc. with their expiry dates by using a marker pen and writing the expiry date with large characters. This way they can't be missed when staff is picking commodities for distributions;
    - Every month, list the commodities which are to expire in the coming 6 months and report these to a more senior level in the organisation for actions;
    - Look at possibilities to substitute certain drugs which have longer shelf lives with alternatives that are close to expiry;
    - Set a minimum shelf life upon which commodities have to be distributed. For example, commodities with 6 months shelf life left should be re-distributed. First ensure you are left with sufficient for 6 months; for any excess stock alternative solutions should be found;
    - Look at possibilities to exchange with other organisations so that at a later date fresh stocks would be returned;
    - Last, but not least, consider donation if there is no other way to ensure the commodities are used;

4. UNDER WHICH CONDITIONS ARE DONATIONS OR EXCHANGES ACCEPTABLE

Donation or exchange

The choice between a donation and exchange is not important in those cases where the receiving organisation is a 3MDG Fund partner. Only in those cases where no 3MDG Fund partners can be found to absorb the excess stocks another non-profit humanitarian organisation can be considered. With other humanitarian organisations the preferable option would be to carry out an exchange were stocks with longer shelf lives are returned at some point in the future. In those cases where the donating organisation does not require the stocks at a later moment in time, donation remains the only option. Of course, in those situations where the receiving organisation is not able return the stock at a later period in time, donation is the only resort to avoid destruction.

Conditions for donations and exchanges

Donations of pharmaceuticals may be considered only when exchange for better expiry dates is not possible or when the project is closing. The donating organisation is responsible to ensure:

- Pharmaceuticals to be donated are not expired and are in good condition;
- Only those drugs with original packing which is still sealed can be donated;
- Check the consumption of the commodity to be donated prior to the donation. Document this and *do not* donate more than the absorption capacity of the receiving organisation;
- Donate with sufficient shelf life to be used by the other organisation; do not transfer your problem to another organisation;
- The receiving organisation has proper monitoring and documentation procedures to track the donated pharmaceuticals;
- Pharmaceuticals must be used by the receiving organisation according to 3MDG Fund guidelines:
    - Prior to expiry;
    - According to national treatment protocols;
    - Provided free-of-charge to beneficiaries.
- The donation is reported to 3MDG Fund on the final use of the supplies in the Final Report and shall keep documentary proof and value of any transfer or donation.

In case of non-compliance, the related costs may not be eligible for 3MDG Fund funding and will, if necessary, be recovered.

Donation documentation must be kept on file following the donating organisations system; copies should be submitted to 3MDG Fund if requested.

All donations are final. Receiving organisations must pledge to use the donated items to the benefit of humanitarian actions and cannot return the supplies.

5. TO WHOM A DONATION CAN BE MADE

As a general rule supplies such as pharmaceuticals, renewables, Rapid Diagnostic tests and laboratory reagents purchased with 3MDG Fund financial support can be donated to the following entities (by order of priority):

- **1st Priority:** Other 3MDG Fund implementing partners. 3MDG Fund can provide contact information of those 3MDG Fund partners undertaking similar activities and who might thus be able to absorb the excess supplies.

- **2nd Priority:** Other humanitarian organisations (UN agencies, LNGOs, INGOs and CBOs) conducting TB, malaria, HIV and AIDS related health project activities in the same geographical area.

- **3rd Priority:** Other humanitarian organisations (UN agencies, LNGOs, INGOs and CBOs) or local health authorities conducting similar project activities in Myanmar.

In all cases, the donating organisation shall obtain the prior agreement of 3MDG Fund. Donation of assets is a different process and organisations wanting to carry out these kinds of donations are requested to contact the Fund Manager directly.

6. WHICH PROCEDURES SHOULD BE FOLLOWED FOR DONATIONS

When the option of donation is chosen the donating organisation shall submit a justification to 3MDG Fund, which should include the following:

- An inventory of the supplies to be donated, including:
  - The quantities to be donated;
  - Their expiry dates and batch numbers;
  - Their total value (This can be easily found by inserting the supplies in the 3MDG Requisition Form[1].
- A second document containing the following information:
  - What is the reason for the excess stock(s);
  - What other means has the organisation tried to consume these stocks;
  - The name of the proposed organisation to receive the donation/exchange;
  - The consumption rates of the receiving organisation for the items to be handed over.

Below table provides step-by-step instructions when donating health related commodities to other organisations. Partners are required to follow each step as indicated in the table.

Table 1: Steps to take when donating supplies

#	KEY STEP	RESPONSIBLE ORGANISATION	APPROVER	RESOURCE
1	Check if supplies cannot be used in an alternative way within the own organisation.	Donating		
2	Contact 3MDG Fund to find 3MDG Fund partners with similar activities	Donating		3MDG Fund
3	Check consumption level from interested organisations and compare with quantity and remaining shelf life.	Donating		
4	Submit a justification for the donation (the two above mentioned documents) to 3MDG Fund	Donating	3MDG Fund Progr. Unit	Standard Drugs List Form Annex 1
5	Receive permission from 3MDG Fund	3MDG Fund	3MDG Fund Progr. Unit	
6	Complete donation certificate	Donating		Form Annex 2
7	Sign donation certificate	Receiving		

[1] Internet link : http://www.3mdg.org/sites/3mdg.org/files/publication_docs/3mdg_requistion_form_v6.1.xlsmhttp:/3mdg.org/images/Procurement_Docs/3MDG_Standard_Drugs_List.zip

#	KEY STEP	RESPONSIBLE ORGANISATION	APPROVER	RESOURCE
8	Coordinate supplies to be picked up by, or delivered to organisation.			
9	Follow up on correct utilisation of donated supplies	Donating		
10	Report donated supplies in technical and financial reports to 3MDG Fund.	Donating and receiving		
11	Provide authorised donation certificate upon request.	Donating and receiving		

After the donation has been approved the goods can be handed over. Both organisations are required to report on the donation in their technical, as well as financial reports to the 3MDG Fund.

DONATING COMMODITIES *DOES NOT* RELIEVE THE DONATING ORGANISATION FROM ITS RESPONSIBILITY TO ENSURE THAT THESE GOODS ARE PROVIDED (I) FREE OF CHARGE, (II) PRIOR TO EXPIRY, (III) IN GOOD CONDITION TO THE BENEFICIARIES.

7. DISPOSAL OF HEALTH CARE WASTE

This chapter is not intended to provide a full overview of the best practices in healthcare waste management, but rather a quick overview and links to additional and more complete resources. Healthcare waste includes all the waste generated by healthcare establishments, research facilities, and laboratories.

Between 75% and 90% of the waste produced by healthcare providers is non-risk or "general" healthcare waste, comparable to domestic waste. It comes mostly from the administrative and housekeeping functions of healthcare establishments and may also include waste generated during maintenance of healthcare premises. The remaining 10-25% of healthcare waste is regarded as hazardous and may create a variety of health risks.

Below table provides an overview of the types of waste we can find in the health care sector:

Table 2: Categories of healthcare waste.

WASTE CATEGORY	DESCRIPTION	EXAMPLES
Infectious waste	Waste suspected to contain pathogens	e.g. laboratory cultures; waste from isolation wards; tissues (swabs), materials, or equipment that have been in contact with infected patients; excreta
Pathological waste	Human tissues or fluids	e.g. body parts; blood and other body fluids; foetuses
Sharps	Sharp waste	e.g. needles; infusion sets; scalpels; knives; blades; broken glass
Pharmaceutical waste	Waste containing pharmaceuticals	e.g. pharmaceuticals that are expired or no longer needed; items contaminated by or containing pharmaceuticals (bottles, boxes)
Genotoxic waste	Waste containing substances with genotoxic properties (can cause damage to DNA)	e.g. waste containing cytostatic drugs (often used in cancer therapy); genotoxic chemicals
Chemical waste	Waste containing chemical substances	e.g. laboratory reagents; film developer; disinfectants that are expired or no longer needed; solvents
Wastes with high content of heavy metals		Batteries; broken thermometers; blood-pressure gauges; etc.
Pressurized containers		Gas cylinders; gas cartridges; aerosol cans
Radioactive waste	Waste containing radioactive substances	e.g. unused liquids from radiotherapy or laboratory research; contaminated glassware, packages or absorbent paper; urine and excreta from patients treated or tested with unsealed radionuclides; sealed sources

Infectious waste

Infectious waste is suspected to contain pathogens (bacteria, viruses, parasites or fungi) in sufficient concentration or quantity to cause disease in susceptible hosts. This category includes:

- Cultures and stocks of infectious agents from laboratory work;
- Waste from surgery and autopsies on patients with infectious diseases (e.g. tissues and materials or equipment that have been in contact with blood or other body fluids);
- Waste from infected patients in isolation wards (e.g. excreta, dressings from infected or surgical wounds, clothes heavily soiled with human blood or other body fluids);
- Waste that has been in contact with infected patients undergoing haemodialysis (e.g. dialysis equipment such as tubing and filters, disposable towels, gowns, aprons, gloves and laboratory coats);
- Infected animals from laboratories;
- Any other instruments or materials that have been in contact with infected persons or animals.

Note: Infected "sharps" are a subcategory of infectious waste but are dealt with separately because they require special methods to deal with.

Pathological waste

Pathological waste consists of tissues, organs, body parts, human foetuses and animal carcasses, blood, and body fluids. Within this category, recognizable human or animal body parts are also called anatomical waste. This category should be considered as a subcategory of infectious waste, even though it may also include healthy body parts.

Sharps

Sharps are items that could cause cuts or puncture wounds, including needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass and nails. Whether or not they are infected, such items are usually considered as highly hazardous healthcare waste.

Care should be taken in the disposal of medical materials since the materials could potentially be contaminated with infectious body fluids or other substances. Below is a list of couple of basic precautions which should be taken when dealing with medical waste:

- Never recapping needles after use;
- Never putting hands into used needle containers or ANY waste container;
- Disposing of waste into designated containers as soon as it is generated;
- Wearing gloves when handling any waste or used medical supplies (operating equipment, dressings, expired drugs, etc.);
- Wearing glasses if you are working with material that may splash into your face or eyes;
- Wearing boots, overalls, glasses and gloves when disposing of waste;
- Using adequate tools to avoid contact with waste (brush, shovel).

Pharmaceutical waste

Pharmaceutical waste includes expired, unused, spilt and contaminated pharmaceutical products, drugs, vaccines, and reagents that are no longer required and need to be disposed of appropriately. The category also includes discarded items used in the handling of pharmaceuticals, such as bottles or boxes with residues, gloves, masks, connecting tubing and drug vials.

In general, expired pharmaceuticals do not represent a serious threat to public health or the environment. Most pharmaceuticals past their expiry date become less effective and a few may develop a different adverse drug reaction profile. There are some categories of expired drugs or defective disposal practices that carry a public health risk.

If there are expired supplies the following should be taken care of:

- Expired supplies should immediately be separated from “good” supplies; hence they should be removed from the warehouse and stored separately
- A clear administrative trail should be left behind. Stock cards should be updated with the removed items and there should be an indication that the item has expired
- Authorisation should be given from the appropriate level for the removal of the expired supplies from the store. This can, for example be done through an Issue Voucher
- The proper way of destruction should be contemplated to avoid contamination of water supply
- A senior staff member should be present at the time of destruction of the pharmaceuticals; it should never be left to sole individuals.
- Ensure these expired supplies cannot be resold or end up in the hands of children.

Destruction of pharmaceuticals in developing countries can be a complex issue. Partners are encouraged to contact the local health authorities (e.g. township medical officer) to find out whether there are facilities available for the destruction of health commodities. In some places low-cost incinerators have been built by local health authorities or (I)NGOs and these could possibly be shared.

Chemical waste

Chemical waste consists of discarded solid, liquid and gaseous chemicals, for example from diagnostic and experimental work, and from cleaning, disinfecting and housekeeping procedures. Chemical waste from healthcare may be hazardous or non-hazardous; in the context of protecting health, it is considered to be hazardous if it has at least one of the following properties:

- toxic;
- corrosive (e.g. acids of pH < 2 and bases of pH > 12);
- flammable;
- reactive (explosive, water-reactive, shock-sensitive);
- genotoxic (e.g. cytostatic drugs).

Non-hazardous chemical waste consists of chemicals with none of the above properties, such as sugars, amino acids and certain organic and inorganic salts.

Wastes with high content of heavy metals

Wastes with high heavy-metal content represent a subcategory of hazardous chemical waste and are usually highly toxic. Mercury wastes are typically generated by spillages from broken clinical equipment but their volume is decreasing with the substitution of solid-state electronic sensing instruments (thermometers, blood-pressure gauges, etc.). Whenever possible, spilled drops of mercury should be recovered. Residues from dentistry have high mercury content. Cadmium waste comes mainly from discarded batteries. Certain “reinforced wood panels” containing lead are still used in radiation proofing of X-ray and diagnostic departments. A number of drugs contain arsenic, but these are treated here as pharmaceutical waste.

Pressurized containers

Many types of gas are used in health care (see Box 2.2), and are often stored in pressurised cylinders, cartridges and aerosol cans. Many of these, once empty or of no further use (although they may still contain residues) are reusable, but certain types (notably aerosol cans) must be disposed of.

Whether inert or potentially harmful, gases in pressurized containers should always be handled with care; containers may explode if incinerated or accidentally punctured.

How to dispose of the different types of health waste?

There are many different methods for disposal of health care waste. On the next page a table provides an overview of the possible methods of destruction, immobilisation, encapsulation etc. Not all methods will be available and often a compromise has to be found. If and when you face disposal of healthcare waste, it would be good to contact the local health authorities and discuss your problem with them, the township medical officer could be an appropriate person to approach. Some hospitals have incinerators on their compounds and in some cases (I)NGO’s operating in the same area might have built an incinerator they would be willing to share.

This chapter is concluded with a table (4), which lists proper preferred methods for different kinds of pharmaceuticals.

Table 3: Summary of disposal methods

DISPOSAL METHODS	TYPES OF PHARMACEUTICAL	COMMENTS
Return to donor or manufacturer, transfrontier (across the border) transfer for disposal	All bulk waste pharmaceuticals, particularly anti-neoplastics.	Usually not practical - transfrontier procedures may be time consuming.
High temperature incineration with temperatures greatly in excess of 1200°C	Solids, semisolids, powders, anti-neoplastics, controlled substances.	Expensive.
Medium temperature incineration with two-chamber incinerator with minimum temperature of 850°C. Cement kiln incineration	In the absence of high temperature incinerators, solids, semi-solids, powders. Controlled substances.	Anti-neoplastics best incinerated at high temperature.
Immobilisation		
Waste encapsulation	Solids, semi-solids, powders, liquids, anti-neoplastics, controlled substances.	
Inertisation (solidification and stabilisation of waste)	Solids, semi-solids, powders, anti-neoplastics, controlled substances.	
Landfill		
Highly engineered sanitary landfill	Limited quantities of untreated solids, semi-solids and powders. Disposal of waste pharmaceuticals after immobilisation Preferable. PVC plastics.	
Engineered landfill	Waste solids, semi-solids and powders, preferably after immobilisation. PVC plastics.	

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DISPOSAL METHODS	TYPES OF PHARMACEUTICAL	COMMENTS
Open uncontrolled non-engineered dump	As last resort untreated solids, semisolids, powders - must be covered immediately with municipal waste. Immobilisation of solids, semi-solids and powders is preferable.	Not for untreated controlled substances.
Sewer	Diluted liquids, syrups, intravenous fluids and small quantities of diluted disinfectants (supervised).	Anti-neoplastics, and undiluted disinfectants and anti-septics not recommended.
Fast-flowing watercourse	Diluted liquids, syrups, intravenous fluids; small quantities of diluted disinfectants (supervised).	Anti-neoplastics, undiluted disinfectants and antiseptics not recommended.
Burning in open containers	As last resort, packaging, paper, cardboard.	Not acceptable for PVC plastics or pharmaceuticals.
Chemical decomposition	Not recommended unless special chemical expertise and materials available.	Not practical for quantities over 50 kg.

In order to use the appropriate method for disposal, the waste will require sorting based on the optimal way of destruction. Below table shows a summary of the different pharmaceutical categories and best disposal methods:

Table 4: Summary of pharmaceutical categories and disposal methods.

CATEGORY	DISPOSAL METHODS	COMMENTS
Solids	Landfill	No more than 1% of the daily municipal waste should be disposed of daily in an untreated form (non-immobilised) to a landfill.
Semi-solids	Waste encapsulation	
Powders	Waste inertisation	

CATEGORY	DISPOSAL METHODS	COMMENTS
	Medium and high temperature incineration (cement kiln incinerator)	
Liquids	Sewer	Anti-neoplastics not to sewer
	High temperature incineration (cement kiln incinerator)	
Ampoules	Crush ampoules and flush diluted fluid to sewer	Anti-neoplastics not to sewer.
Anti-infective drugs	Waste encapsulation	Liquid antibiotics may be diluted with water, left to stand for several weeks and discharged to a sewer.
	Waste inertisation	
	Medium and high temperature incineration (cement kiln incinerator)	
Anti-neoplastics	Return to donor or manufacturer	Not to landfill unless encapsulated.
	Waste encapsulation	Not to sewer.
	Waste inertisation	No medium temperature incineration.
	Medium and high temperature incineration (cement kiln incinerator) (chemical decomposition)	
Controlled drugs	Waste encapsulation	Not to landfill unless encapsulated.
	Waste inertisation	
	Medium and high temperature incineration (cement kiln incinerator)	
Aerosol canisters	Landfill waste encapsulation	Not to be burnt: may explode.

CATEGORY	DISPOSAL METHODS	COMMENTS
Disinfectants	Use or into sewer or fast-flowing watercourse: small quantities of diluted disinfectants (max. 50 litres per day under supervision)	No undiluted disinfectants to sewers or watercourses. Maximum 50 litres per day diluted into sewer or fast-flowing watercourse. No disinfectants at all into slow moving or stagnant watercourses.
PVC plastic, glass	Landfill. Not for burning in open containers.	Landfill. Not for burning in open containers.
Paper, cardboard	Recycle, burn, landfill	

The information provided in this chapter was retrieved from two documents created by several international agencies available from the WHO website or click on the titles below for additional information:

- Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies.[2]
- Safe management of wastes from health-care activities.[3]

Furthermore a wealth of information regarding waste management can be found at the PATH website.[4]

[2] Internet link: http://www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf
[3] Internet link: http://www.who.int/injection_safety/toolbox/docs/en/waste_management.pdf
[4] Internet link: http://www.path.org/

8. ANNEX 1 : DONATION FORM

Below form can be used between the donating and receiving organisations to list the items to be donated; an original form can be obtained via this[5] link.

DONATION CERTIFICATE

[Name donating organisation]

This is to certify the donation of relief items from [Name receiving organisation]	
Name receiving organisation:	[Name receiving organisation]
Reference (e.g. Waybill / PO):	[Any reference to the goods to be donated]
Date:	[Date of donation]

No.	Description	Unit	Quantity	Expiry date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

[Name donating organisation] has donated above mentioned item(s) to [Name receiving organisation]. [Name receiving organisation] cannot be held responsible for any consequences arising out of this donation.

[Name donating organisation]	
Organisation:	
Date:	
Requestor:	
Title:	
Sinature:	
Stamp:	

[Name receiving organisation]		
Organisation:		
Date:		
Requestor:		
Title:		
Signature:		
Stamp:		

[5] Internet link: http://www.3mdg.org/sites/3mdg.org/files/publication_docs/3mdg_form_-_donation_certificate.xlsx

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9. ANNEX 2 : DONATION APPROVAL REQUEST FORM

Below form should be submitted to 3MDG Fund when requesting for approval to donate consumables and pharmaceuticals; an original form can be obtained via this[6] link.

REQUEST FOR APPROVAL OF DONATION

Donation requested by:

Organisation:		**Signature:**	
Date:			
Requestor:			
Title:			

No.	Items to be donated	Unit	Quantity	Expiry date	Batch number	Consump. (monthly)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Reason(s) for donation (if the reason is expiry, how come these could not be used by the organisation)

Means tried to utilise these commodities

To be donated to

Receiving organisation		Is 3DF funded	Total value goods
Name Org.:		Yes / No	
Contact person:			

To be completed by Three Diseases Fund

Approval granted by		Stamp (if available)
Name:		
Title:		
Date:		
Signature:		

[6] Internet link: http://www.3mdg.org/sites/3mdg.org/files/publication_docs/3mdg_form_-_donation_request_0.xlsx