

Michigan Strategic National Stockpile (MISNS)

Ongoing SNS Request Summary

This form is to be completed by local health departments and submitted to the CHECC via the checcsns@michigan.gov mailbox, in accordance with existing SNS request procedures.

Requesting Local Health Department			Authorized Person To Justify This Request	
Local Health Department Name			Name	
<input type="text"/>			<input type="text"/>	
Address			Title / Position	
<input type="text"/>			<input type="text"/>	
City	State	Zip Code	Direct Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
County	Facility Primary Phone Number		Email	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Synopsis	
Date And Time Of Request	<input type="text"/>
A Clear And Concise Description Of The Situation	<input type="text"/>
Estimated Number Of Exposed	<input type="text"/>
Estimated Number Of Population Impacted	<input type="text"/>
Estimated Number Of Sick	<input type="text"/>
Estimated Number Of Injured	<input type="text"/>
Estimated Number Of Dead	<input type="text"/>
Estimated Population For Prophylaxis	<input type="text"/>
Results Of Any Specimen Testing	<input type="text"/>
Have All Local Resources And Countermeasures Been Exhausted?	<input type="radio"/> Yes <input type="radio"/> No
Brief Summary Of Items Being Sought For This Request	<input type="text"/>
Check All Of The Following That Apply To This Situation	
<input type="checkbox"/> Overt release of a chemical or biological, radiological, nuclear, or explosive (CBRNE) incident	
<input checked="" type="checkbox"/> Medical emergency caused by a natural disaster	
<input type="checkbox"/> Claim of release by confirmed intelligence or law enforcement source	

<input type="checkbox"/> Indication from intelligence or law enforcement source that an attack is anticipated
<input type="checkbox"/> Clinical, laboratory or epidemiological indications including: <ul style="list-style-type: none"> • Large number of ill persons with similar disease or syndrome, or deaths • Unusual illness in a population - single case or disease from uncommon agent, and/or a disease with unusual geographic seasonal distribution and/or an endemic disease or unexplained increase in incidence • Higher than normal morbidity and mortality from a common disease or syndrome • Failure of a common disease to respond to usual therapy • Multiple unusual or unexplained disease entities in the same patient • Multiple atypical presentations of disease agents • Similar genetic type in agents isolated from temporally or spatially distinct sources • Unusual, genetically engineered, or antiquated strain of an agent • Simultaneous clusters of similar illness in non-contiguous areas • Atypical aerosol, food or water transmission • 3 people presenting the same symptoms near the same time • Death or illness among animals that precedes or accompanies human death
<input type="checkbox"/> Unexplainable increase in emergency medical service (EMS) requests
<input type="checkbox"/> Unexplained increase in antibiotic prescriptions or over-the-counter medication use

Delivery Information			
Facility Name			
<input type="text"/>			
Address			
<input type="text"/>			
City	County	State	Zip Code
<input type="text"/>	<input type="text"/>	Michigan	<input type="text"/>
Receiving Point Of Contact Name	<input type="text"/>		
Receiving Point Of Contact Phone Number	<input type="text"/>		
Hours Of Operation	<input type="text"/>		
Specific Delivery Location (Dock, etc.)	<input type="text"/>		