Broward County HealthCare Coalition PROPERTY RECEIPT

Project	Participating Agency (Fire Rescue or Hospital)	Date Received
DuoDotes Distribution		

QUANTITY	DESCRIPTION
60	**DuoDotes**

The Broward Healthcare Coalition (BCHC) has funded a grant to enhance participating agencies (4 Hazmat EMS/Fire Rescue agencies) capabilities by distributing DuoDote® Auto-Injector (atropine and pralidoxime chloride injection), for intramuscular use to participating agencies that meet the BCHC attendance requirements.

The goal of the DuoDote distribution is to enhance the participating agency's ability to treat patients suspected of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides in adults and pediatric patients weighing more than 41 kg (90 pounds).

PARTICIPATING AGENCY's CERTIFICATION:

I hereby affirm and certify that the BCHC has transferred to PARTICIPATING AGENCY the property acquired under the grant agreement for the project referenced above in accordance with the grant agreement requirements, and that PARTICIPATING AGENCY shall provide to BCHC Project's Leader all required information.

This section is to be fully completed by your Medical Director of the EMS/Fire Rescue agency.

I hereby authorize the acceptance of the DuoDote® Auto-Injector (atropine and pralidoxime chloride injection), for intramuscular use and permit the designated representative of this department to take possession of the medications.

Participating Agency's Physician/Pharmacist Name (please print): _____

Signature: _____ Date: August 2, 2021

State License Number (Copy of the license must be attached to this form): OS9240

E-mail: mach@broward countyems.org Phone: (954) 494-8866 Fax: _____

Participating Agency's Authorized Signatory and Title _____

Signature: _____ Date: _____

(Below to be completed by BCHC Project Lead and their Medical Director)

Project Lead Print: _____ Signature: _____

Project Leader's Medical Director

Signature: _____ Date: _____