



## HPIC

Health Partners International of Canada (HPIC) is a Canadian medical aid organization dedicated to improving access to health care and medicine in the developing world. HPIC's programs include community health projects, emergency response, health sector capacity building and Travel Packs.

## SPR

A Special Physician Request (SPR) is a specialized shipment tailored for Canadian licensed physicians travelling to the developing world on a medical mission. The physician requests specific medicines and medical supplies for the project and provides a brief description of the project and/or hospital and/or clinic where he/she will be dispensing these medications. HPIC will then try to procure the medicines and medical supplies from Canadian healthcare companies on behalf of the physician.

Medicines are current-dated and of the highest quality. Each SPR comes with a detailed Packing List, a Certificate of Donation and two documents to be completed as indicated: the Confirmation of Safe Arrival and SPR Report forms.

HPIC requests a contribution of no more than 8% of the wholesale value of the medicines and medical supplies procured to help cover a portion of our cost to run the program. Funding from individuals, churches, corporations and foundations helps to meet the remaining costs. An income tax receipt can be issued for contributions.

Your SPR can be shipped to you anywhere within Canada at an additional cost.

***Please note that all applications are reviewed through HPIC's eligibility process.***

# Contact Information

**APPLICANT** (Contact information required **ONLY** if different than CARRIER)

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify) _____	
NAME:	
ORGANIZATION/NGO AFFILIATION (If applicable):	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

## CARRIER

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify) _____	
NAME:	
ORGANIZATION/NGO AFFILIATION (If applicable):	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

**SHIP TO ADDRESS** (Cannot be delivered to a Post Office box)  Same as carrier address

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR.		
NAME:		
STREET ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TEL:	EMAIL:	

PLEASE SPECIFY:  HOME ADDRESS  GOV'T BUILDING  CLINIC  OTHER \_\_\_\_\_

***(Someone must be available to receive and sign for the SPR when delivered.)***

## Travel Information

Expected date of departure: **	Expected date of return:
Country of destination:	City/Town/Village:
If you are traveling with a group, please provide a general description of the members of your group (i.e. affiliations, type of healthcare professionals, etc...)	

## Customs Information

Are you aware of customs procedures in the country of destination? <input type="radio"/> YES <input type="radio"/> NO
Please provide details: _____
Applicant/carrier must fully investigate customs procedures and adhere to policies of the country of destination to ensure safe passage through customs. HPIC is not responsible for customs clearance, foreign customs charges or taxes.
The SPR(s) must be checked in at Canadian customs and travel to final destination without layover in another country.

## Organization/NGO Affiliation

Are you travelling in association with a Canadian organization/NGO? <input type="radio"/> YES <input type="radio"/> NO	
Name of organization/NGO:	
Name and title of contact person:	
Address:	
Telephone:	Fax:
Email:	Website:
Is the organization/NGO a charity? <input type="radio"/> YES <input type="radio"/> NO	If registered, CRA # required:
<p><b>DOCUMENTATION REQUIRED:</b></p> <p><b>Organizational endorsement:</b> If you are travelling with an organization/NGO, please include a letter from them endorsing your trip, as well as their most recent annual report, explanatory literature and statement of purpose. <i>If the organization is already on file with HPIC, then only a letter of endorsement is necessary.</i></p>	

**\*\* Please be advised that your SPR(s) will be delivered approximately 2-3 days prior to your departure date unless otherwise pre-arranged.**





# Applicant / Carrier(s) Responsibilities

The undersigned applicant accepts the following conditions and agrees to implement them or ensure that they are implemented:

- Medicines and medical supplies must be used outside North America and only in developing countries for humanitarian purposes;
- Donated medicines and medical supplies cannot be used in or marketed in or returned to North America, or sold or exchanged for property or services;
- Donated medicines and medical supplies must respond to the specific health needs of the country of final destination and be dispensed as agreed upon with HPIC to an identified group of beneficiaries and within a specified project;
- Only licensed healthcare practitioners may dispense the medicines. Recipient hospitals and/or clinics and physicians must be aware of any imminent donation;
- Medicine and medical supplies must be dispensed by trained healthcare practitioners who are able to read Canadian (English / French) packaging and instructions;
- Donated medicines and medical supplies will be distributed free of charge and without discrimination as to race, religion, age, or gender;
- HPIC must be promptly advised of any change of destination and/or distribution plan. Any change in the date of departure should be promptly communicated with HPIC for further instruction;
- HPIC will be notified immediately of any loss, diversion or misuse of the donated medicines;
- The destination country's procedure to clear the donated medicines through customs will be respected. HPIC is not responsible for foreign customs charges or taxes;
- Medicines and medical supplies will not be used to support terrorist activities or organizations linked to terrorism;
- In accordance with World Health Organization Guidelines for Drug Donations, all donated medicines must be distributed and used before their expiry date, and any expired medicines must be destroyed in an environmentally safe manner;
- All medicines and medical supplies must be used in adherence to HPIC's Gender Equity Policy and HPIC's Environmental Policy (please inquire with HPIC for copies of these policies);
- The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and The Inter-Agency Standing Committee Plan of Action on Protection Against Sexual Exploitation must be adhered to in the delivery of humanitarian aid in emergency situations;
- The "Confirmation of Safe Arrival" form included with shipping documents must be completed upon arrival of medicines at the final destination and returned immediately to HPIC;
- The "Project Report" form included with the shipping documents must be completed and returned, along with photos, within 3-6 months after the arrival of the shipment in the country of destination.

Applicant Name	Signature <b>X</b>	Date / /
Carrier Name	Signature <b>X</b>	Date / /

# Contribution Procedures

HPIC will request a contribution of no more than 8% of the wholesale value of the medicines and medical supplies to be provided to assist in covering a portion of our costs.

Total amount of contribution: \$ \_\_\_\_\_

Method of payment:  Cheque  Visa  MasterCard

Credit card number (please print clearly): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name on credit card if different from below: \_\_\_\_\_

Signature:  
**X**

I, \_\_\_\_\_ am making a contribution on behalf of \_\_\_\_\_.  
Please issue a tax receipt to the contributor indicated below. (For multiple contributors, information must be provided for each individual).

Signature:  
**X**

## CONTRIBUTOR

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR.		<input type="radio"/> Organization <input type="radio"/> NGO <input type="radio"/> Individual	
<input type="radio"/> Healthcare professional (please specify) _____			
NAME: _____			
CRA# (If contributor is a registered charity) : _____			
ADDRESS: _____			
CITY: _____		PROVINCE: _____	
POSTAL CODE: _____		EMAIL: _____	
HOME TEL: _____		CELL: _____	
BUS. TEL: _____		BUS. FAX: _____	

Tax receipts will be issued according to CRA regulations to all contributors, except registered charities.  
Should you not require a tax receipt, please specify reason:

\_\_\_\_\_

Please Note: SPR contributions are non-refundable.

Expedited delivery is available at your expense and must be discussed in advance with HPIC.

# Physician Endorsement of Carrier

The medicines and medical supplies provided in the SPR include prescription products, therefore, a **physician or dentist** currently licensed in Canada is required to sign the following endorsement. A photocopy of current year's provincial license must be included.

PHYSICIAN / DENTIST NAME:	
SPECIALTY:	
ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

*I understand that the SPR from HPIC contains high-quality, in-date medicines and medical supplies, donated by Canadian healthcare companies, to be carried to a developing country and administered free of charge by a healthcare professional at the final destination.*

Physician or Dentist signature:

License No.

**X**

**A photocopy of current year's provincial license must be included**

## Application Checklist

### Please review checklist before submitting:

- Completed application form
- Physician's or dentist's signature
- Copy of current provincial license of signing physician or dentist
- Verification of customs issues in country of destination
- Organizational endorsement (if applicable)

### Reminder:

- Send completed Confirmation of Safe Arrival to HPIC upon arrival in country of destination
- Send completed Project Report to HPIC within 30 days upon return to Canada

**Please note: Processing of your SPR request will be delayed if the SPR application is incomplete.**

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