

South Dakota Department of Health



PPE Supply Request Form

COVID-19 Response Activities Only

Name: _____

Facility/Agency: _____

Shipping Address: _____

Email Address: _____

Direct Phone Number to the person requesting? _____

Are you following CDC Guidance for PPE? Yes No

Items requested:

Quantity	Item

Have you contacted multiple Vendors who were unable to fill/ partial fill/ cancel/ deny order supplies and/equipment? Yes No

Anticipated date of Critical Need? _____/_____/_____

Email to: COVIDResourceRequests@state.sd.us

Fax to: 605.773. 5942

If you have questions please call: 605.773.3048

