

# Product Request Form

**Surgeon name**

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**Surgeon practice affiliation(s)**

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**Street address**

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**City**

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**State**

**Postal code**

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**Country (Note: International applicants require local distributor endorsement via email)**

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**Phone number**

**Email address**

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## **Product Request Details**

*Please describe how you intend to use the donated products:*

**Target population**

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**Surgical procedure(s) location**

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**Product usage start date**

**Product usage end date**

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**Number of Ahmed Glaucoma Valves needed**

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**Date Ahmed Glaucoma Valves needed**

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**Total AGV Procedures performed to date**

**Total KDB Procedures performed to date**

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**Number of Kahook Dual Blades needed**

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**Date Kahook Dual Blades needed**

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**Estimated number of patients that will be served**

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**Number of local doctors that will be trained (if any)**

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**Facility name(s)**

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**Terms and Conditions**

If this request is approved, as consideration for receipt of New World Medical product(s) donated for humanitarian purposes, I certify that: (i) donated products will not be sold or transferred to anyone for any purpose not consistent with the statements made in this request form; (ii) all ophthalmic services required in connection with use of donated products shall be provided to the patient(s) free of charge; (iii) donated products will be used in accordance with their labeled instructions; (iv) I agree to hold harmless New World Medical and its affiliates from any and all liability for use of the donated product(s); and (v) I will report product utilization within a month of product usage using the New World Medical Humanitarian Report Form.