

Attachment 1– Request to access the NMS Form

REQUEST TO ACCESS THE NATIONAL MEDICAL STOCKPILE (NMS) States and Territories

Date			
To	ATTN: Chief Medical Officer Department of Health C/- Director, CBRN Procurement & Operations National Medical Stockpile	cdmu@health.qld.gov.au and CDBoncall@health.qld.gov.au	
From	Agency or jurisdiction	Contact name	
		Contact number	
		Contact email	
Product	Description and Quantity:		
Reason for request			
Delivery contacts and information	DELIVERY ADDRESS	Contact name	
		Contact number	
		Contact email	
Additional instruction or information			
Approval by Chief Health Officer or Authorised Delegate			
Name			
Signature		Date	
Position			