

**RESOURCE REQUEST MESSAGE
FOR THE USDA APHIS VETERINARY SERVICES NATIONAL VETERINARY STOCKPILE
(ICS 213 RR NVS) E-mail to nvs@aphis.usda.gov**

1. Incident Name:			2. Date/Time/Time Zone			3. Resource Request Number:		
Requestor	4. Order (Use a separate resource request form when ordering supplies/equipment from a source other than NVS):							
	Qty.	Kind	Type	Detailed Item Description: (See specifications in National Veterinary Stockpile Logistics Catalog on password-protected website for planners http://www.aphis.usda.gov/nvs .)	Arrival Date and Time		Cost	
					Requested	Estimated		
		24 Hour Push Pack	Standard Protection	(Round qty. up to nearest multiple of 10 responders)				
		24 Hour Push Pack	High Protection	(Round qty. up to nearest multiple of 10 responders)				
		Animal Handling Equipment						
		Animal Vaccine						
		Vaccination Ancillary Supplies						
	(No. Boxes)	Human Antiviral Medication	(Choose Tamiflu or Relenza)					
		Response Support Services		(Attach statement of work form)				
5. Requested Delivery Location:								
Shipment address:								
Mark shipment attention to:								
Send status on shipments to email address:								
Limitations that could impair movement or offloading at delivery site:								
Address, phone, cell phone, or email at incident command post if different from above:								
Special instructions:								

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1. Incident Name:	2. Date/Time/Time Zone	3. Resource Request Number:
5. Continued. Incident Command Points of Contact:		
Primary	First shift hours of operation	Second shift hours of operation
Name		
Phone		
Cell		
Email		
Secondary		
Name		
Phone		
Cell		
Email		
6. Suitable Substitutes:		
7. Requested by Name/Position: <u>VS District Office</u> Name: Title: Office phone: Cell phone: Email address: <u>State, Tribe, Territory or local VS Office</u> Name: Title: Office phone: Cell phone: Email address:	8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low <u>Emergency Description</u> City/State nearest the outbreak/other emergency: Damaging animal disease/other emergency: Affected animal species: Estimate of affected animal populations: Number of responders fielded immediately: Other:	9. Section Chief Approval:
Logistics	10. Logistics Order Number:	11. Supplier Phone/Email: 24/7 Emergency Hotline: 800-940-6524 Email: nvs@aphis.usda.gov
	12. Name of Supplier/POC: National Veterinary Stockpile, Deployment Management Team Email the ICS 213 RR NVS to nvs@aphis.usda.gov	

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1. Incident Name:	2. Date/Time/Time Zone	3. Resource Request Number:
<p>13. Notes: If human antiviral medication is requested, provide the following for the medically qualified person responsible for receipt, storage, prescribing, and dispensing: Name: Cell phone: Email:</p> <p>If State, Tribe, or Territory has a National Veterinary Stockpile plan, email to nvs@aphis.usda.gov.</p>		
<p>14. Approval of Logistics Section Chief: Print Name: Signature:</p>		15. Date/Time/Time Zone:
16. Order placed by (Name and email address of person submitting to NVS):		
Finance	17. Reply/Comments from Finance:	
	18. Finance Section Signature:	19. Date/Time/Time Zone:

Additional Comments/Instructions:

For National Veterinary Stockpile Staff Use	
Deployment <input type="checkbox"/> approved, <input type="checkbox"/> disapproved, or <input type="checkbox"/> approved with the following changes:	
By name:	Signature:
Date:	Time/Time Zone:

Use the following instructions to complete the Resource Request Message for the USDA APHIS VS National Veterinary Stockpile (ICS 213 RR NVS). When complete, e-mail the form to the NVS staff at nvs@aphis.usda.gov.

REQUESTOR: THE REQUESTOR COMPLETES BLOCKS 1 THROUGH 9.

Block 1. Incident Name. Provide the name of the incident. It should be the same as stated on the ICS 201 Form and/or the Incident Action Plan (IAP).

Block 2. Date/Time/Time Zone. Enter the current date, time of day, and time zone.

Block 3. Resource Request Number. This is to be assigned by the person submitting the request.

Block 4. Order. Complete the blocks. Use a separate resource request form when ordering supplies/equipment from a source other than NVS. Must include the quantity, kind, type, and a detailed description of the item. See specifications in the National Veterinary Stockpile Logistics Catalog posted on the password-protected website for planners <http://www.aphis.usda.gov/nvs>. Be specific as possible.

Note: If this is a preliminary request, the information provided will help the NVS Deployment Management Team (DMT) determine what countermeasures may be approved for immediate delivery. Providing this information in no way guarantees approval of assistance or delivery of the requested countermeasures.

24 Hour Push Pack. One pack supports 10 responders for 10 days changing suits six times per day. The number of packs should be rounded up to the nearest multiple of 10 responders. For example, nine packs should be requested if there are 83 responders in the field. Specify the quantity of standard protection and high protection packs requested.

Animal handling equipment. Specify the type of animal handling equipment that is requested, such as panels, gates, and/or mobile chutes for cattle or for swine. The swine equipment is also suitable for handling small ruminants. Mobile corrals for cattle are also available.

Animal Vaccine. Specify the type of vaccine and the number of doses requested for a specific damaging animal disease. Note that the USDA APHIS VS Chief Veterinary Officer must first approve the use of vaccine prior to vaccine being delivered.

Vaccination ancillary supplies. If vaccine will be used, specify if vaccination ancillary supplies are also needed. These supplies include items such as needles, syringes, portable biomedical waste disposal containers, foot-and-mouth disease ear tags, and tag applicators.

Human antiviral medications. If the disease of concern is notifiable avian influenza (H5, H7), specify the type of human antiviral medication and the number of boxes requested for responders checked into the incident. For more information, see the NVS Logistics Catalog. Also list the contact information for the medically qualified person responsible for receiving the antiviral medication in Block 13.

Response support services. If response support services are requested for depopulation, disposal, or decontamination (3D), or other services, provide the requirements by attaching the SOW form to request NVS 3D response support services. This form provides details on the type and scope of assistance requested. Refer to Section D. Request for 3D Response Support Services in Appendix B of the NVS State Plan Template for the process to request 3D response support services, including instructions on how to complete the SOW form.

Other. Specify any additional countermeasures being requested that are not listed above.

Requested Arrival Date and Time. Complete the requested date and time for arrival of countermeasures.

Cost. To be completed later by the Finance/Administration Section.

Block 5. Requested Delivery Location. Shipment address. Provide the physical shipping address that will receive the shipment of deployed countermeasures.

Mark shipment attention to. Specify the name of the person who will receive the shipment.

Send status on shipments to e-mail address. Provide the specific email address to which the NVS DMT may send updates of the shipment status.

Limitations that could impair movement or offloading at delivery site. Describe any limitations or restrictions that could negatively impact the transportation or offloading of countermeasures at the delivery site. Examples include security, parking, or dock limitations.

Address, phone, cell phone number, or e-mail at incident command post if different from above. Provide the information for the Incident Command post if countermeasures are shipped to a location other than a co-located Incident Base.

Special instructions. Specify any special instructions that may not be listed above. For example, specify the shipping address for vaccine if it is to be shipped to a different location than other countermeasures.

Incident Command Points of Contact: List the contact information for the primary and secondary contacts within the logistics section that will coordinate with the NVS DMT. List the hours of operation of each shift and multiple individuals for multiple shifts, as applicable.

Block 6. Suitable Substitutes. List any suitable substitutes for items that may not be available. For example, would the mobile corral be a suitable substitute if cattle panels are not available.

Block 7. Requested by Name/Position. Provide contact information for the point of contact in the APHIS VS District office that corresponds to the location of the State, Tribe, or Territory requesting assistance. and the State, Tribe, Territory, or local VS office animal health official that is requesting assistance. This individual will serve as the primary point of contact for that jurisdiction.

Block 8. Priority. Mark the appropriate box indicating if the request is urgent, routine, or a low priority.

Emergency Description. Provide information that describes the type of emergency and helps justify the request for NVS assistance, including the city and State that is closest to the emergency site, the type of damaging animal disease suspected or diagnosed or other type of all hazard emergency event, the animal species that are primarily affected and the estimated animal populations, the number of field responders that may require supplies, or other pertinent information.

Block 9. Section Chief Approval. Indicate approval of the Incident Command section chief, if applicable. If not the initial request for NVS countermeasure and a full complement of Incident Command is established, submit request to Resources Unit Leader (RESL) to review and approve since RESL tracks all tactical resources.

REQUEST GOES TO RESOURCES UNIT, IF APPLICABLE (MAY NOT BE REQUIRED BY INCIDENT COMMAND FOR NVS REQUESTS).

The Incident Command Resource Unit may review the request, if required, and send to Logistics.

LOGISTICS SECTION: LOGISTICS PERSONNEL COMPLETE BLOCKS 10 THROUGH 16.

Block 10. Logistics Order Number. Assigned by Supply Unit.

Block 11. Supplier Phone/Email. Information prepopulated for NVS as the supplier.

Block 12. Name of Supplier/POC. Information prepopulated for NVS as the supplier.

Block 13. Notes. If human antiviral medication is requested, enter the information for a medically qualified person that will be responsible for receipt, storage, prescribing, and dispensing. If the State, Tribe, or Territory has a National Veterinary Stockpile plan, email it to nvs@aphis.usda.gov. Enter other notes, as applicable.

Block 14. Approval of Logistics Section Chief. If a full complement of ICS is not yet established, the incident commander or State, Tribe, or Territory animal health official approves the request. Otherwise, the request is approved by the Logistics Section Chief or Deputy.

Block 15. Date/Time/Time Zone. Indicate date, time, and time zone of the approval.

Block 16. Order placed by (Name and email address of person emailing request form to NVS). Enter the name and email address of the person who emails the request form to the NVS.

FINANCE SECTION: FINANCE PERSONNEL COMPLETE BLOCKS 17 through 18.

Block 17. Reply/Comments from Finance. The Incident Command Finance Section may review the request, if required, and enter comments.

Block 18. Finance Section Signature. If a full complement of ICS is not yet established, the incident commander or State, Tribe, or Territory animal health official may sign on behalf of the Finance Section Chief.

Block 19. Date/Time/Time Zone. Enter date, time, and time zone of signature.

Additional Comments/Instructions. Enter additional information that will be helpful for the request.

For National Veterinary Stockpile Staff Use. The NVS staff will use this section to indicate the decision for the request, the person making the decision, and the date and time it occurred.