



## Application for Alcon Medical Mission Support (Consumable Product Donations) INSTRUCTIONS TO APPLICANT

**This application form is for applicants outside of the U.S.** who are requesting Alcon support in the form of consumable product donations and/or equipment loans to support medical missions with a start and end date. **Please submit fully completed application to [medical.missions@alcon.com](mailto:medical.missions@alcon.com)**

*Applicants who are based in the U.S. should submit requests through CyberGrants, beginning with the eligibility questionnaire available at the Alcon Medical Missions site:*

<https://www.alcon.com/about-us/corporate-responsibility/eye-care-everyone/alcon-giving/medical-missions>

**Applicant must be a legitimate, established organization and not an individual or private HCP practice group.** If Applicant is not applying on behalf of an existing organization, follow one of these alternatives prior to submitting this application:

- Partner with an existing, sponsoring organization that can accept Alcon Consumable Product Donations, if this approach is acceptable under local laws and medical device industry code provisions, or
- Contact [medical.missions@alcon.com](mailto:medical.missions@alcon.com) for names of existing sponsoring organizations that accept professional volunteers.

**To be eligible for consideration, the requested Consumable Product Donations must meet all of these requirements:**

- All of the information in the application must be provided for the application to be considered.
- Recipient must be an existing organization with sufficient financial support for stable, on going operation.
- The request must be aligned with Alcon areas of interest in therapeutic eye care.
- The care proposed must provide a direct patient care benefit for patients who have:
  - an unmet eye care need
  - an inability to afford treatment
  - ready access to treatment with the products donated, and
  - ready access to appropriate follow-up care if needed.
- The proposed product use must be a reasonable and viable means to meet the need identified and be consistent with local health regulations in the destination country. The appropriateness of products for the intended use in the destination country will be evaluated with input from Alcon representatives who work in that country.
- Patients who are cared for with products donated (or loaned) by Alcon must not be charged for the products or for related professional healthcare services. (Exceptions may be allowed in rare circumstances where charges are nominal, based on a sliding scale and/or the patient's ability to pay, and where the payments are used to support further development of healthcare services and programs to meet unmet medical needs in the patient's community.)

**Product availability is limited in relation to the number of applications received. Receipt of an application by Alcon does not guarantee that products are available or that Alcon will donate or loan its products. NOTE: Alcon does not fund travel for volunteers participating in medical mission trips.**

# APPLICATION

## 1. Sponsoring Organization

Name: \_\_\_\_\_  
Location/Address: \_\_\_\_\_  
Tax Identification Number: \_\_\_\_\_  
Website URL: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Title: \_\_\_\_\_

## 2. Type of Organization and License Number (if applicable):

Government owned (specify type: \_\_\_\_\_)  
 Private hospital or clinic  
 Non-Government Organizations (not-for-profit organization that is independent from state and international governmental organization involvement)  
 Other (explain): \_\_\_\_\_

## 3. Provide a brief history of the Sponsoring Organization and its objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. Explain how the requested Consumable Products will be used to address unmet medical needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Lead Traveling HCP Information

Requesting HCP Salutation: \_\_\_\_\_  
Requesting HCP First Name: \_\_\_\_\_  
Requesting HCP Middle Name: \_\_\_\_\_  
Requesting HCP Last Name: \_\_\_\_\_  
Requesting HCP Specialty: \_\_\_\_\_  
Requesting HCP License Number: \_\_\_\_\_  
Requesting HCP License Country: \_\_\_\_\_  
Requesting HCP License Expiration Date: \_\_\_\_\_  
Requesting HCP Name of Practice: \_\_\_\_\_  
Requesting HCP Address: \_\_\_\_\_  
Requesting HCP City, Country and Zip: \_\_\_\_\_  
Requesting HCP Email: \_\_\_\_\_  
Requesting HCP Telephone: \_\_\_\_\_  
Requesting Contact Name: \_\_\_\_\_  
Requesting Contact Email: \_\_\_\_\_  
Requesting Contact Telephone: \_\_\_\_\_



6. Requested shipping address for product delivery if other than the lead traveling HCP's address:

\_\_\_\_\_

7. Originating Country of Consumable Product Request: \_\_\_\_\_

8. Destination where Consumable Products will be sent/used:

a. City and Country: \_\_\_\_\_

b. Venue Name (hospital or other facility): \_\_\_\_\_

c. Venue Address: \_\_\_\_\_

d. Project/Medical Mission Title: \_\_\_\_\_

9. Dates of Medical Mission:

a. Departure Date: \_\_\_\_\_

b. Return Travel Date: \_\_\_\_\_

c. Mission Start Date: \_\_\_\_\_

d. Mission End Date: \_\_\_\_\_

10. Consumable Products requested

Name	Quantity	Product ID number

11. Equipment and Accessories Loan requested (if applicable)

Model Name	Model Number	Expected Return Date

12. Physicians who will provide medical services using donated Consumable Products or loaned Equipment:

Traveling physicians (Originating Country)		
Name and Address	Area of Specialty	License Number

Destination In-Country physician participants (and follow-up patient care providers)		
Name and Address	Area of Specialty	License Number



**13. Will there be any skills transfer provided to local physicians and staff during the Medical Mission?**

Yes  No If yes, please indicate details below:

Specialty/Occupation	Quantity	Type of Training
Physician		
Optometrist		
Nurse		
Other (describe)		

**14. Quantity of Patient Treatments Anticipated**

Surgical	Anticipated quantity	Non-surgical	Anticipated quantity
Cataracts		Glaucoma	
Strabismus		Eye/ear infection	
Pterygium		Dry Eye	
Surgical glaucoma		Allergy	
Vitreoretinal		Refractive treatment	
Other (describe)		Other (describe)	

**15. Will patients be charged for medical services provided and/or for products used?**  Yes  No

If yes, explain how the amount charged is determined:

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If yes, for what purpose will the amounts collected be used:

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**16. Plan for patient follow-up care** (provide details about how post-surgical and any other needed follow-up care will be provided):

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**17. Is an Acknowledgment from the local Ministry of Health required by local law?** (check one):

- Yes, Ministry of Health Acknowledgment from the destination country is required and is **attached**, addressed to applicant, and dated within one year prior to the application date; or
- No, MOH Acknowledgment is not required under the local law of the destination country.

**By signing below, the Applicant affirms all of the information provided above and affirms that if Alcon approves this application in full or in part, the Applicant and the sponsoring organization:**

- Will use products donated by Alcon solely for the purposes stated of this application, and in accordance with the labeling of the destination country and/or in the absence of local labeling, accepted regional use of the product/s donated.
- Will return to Alcon any unused products, or dispose of them only as directed by Alcon, after the medical mission has ended, and will return any loaned equipment.
- Will use products donated by Alcon only to treat patients who, to the best of Applicant's knowledge, cannot afford the products, and that patients will not be charged for surgery or consumables using equipment provided by Alcon or for related professional healthcare services, unless the charges will be nominal, based on a sliding scale and/or the patient's ability to pay, and used to support further development of healthcare services and programs to meet unmet medical needs in the donation recipient's community.
- Will communicate the outcome of the Medical Mission and donated product use by submitting to Alcon a Patient Impact Report and will otherwise cooperate with and respond to questions from Alcon as need to verify that the products were used consistent with the purposes for which they are donated and consistent with the requests and affirmations made in this Application.
- Will complete and submit to Alcon signed photo release forms to accompany any photos submitted to Alcon with the Patient Impact Report.
- Will be responsible for transporting the consumable products and loaned equipment, if applicable, to the location of the medical mission and for compliance with all applicable import/export regulations and for all related costs, including performing all export and import formalities and obtaining all authorizations or licenses required for export and import of consumables and loaned equipment to the designated delivery point. (Alcon can provide a manifest listing the value of items it donates, but it will not facilitate the completion of any customs and immigration paperwork related to the final destination of the loaned or donated items.)

**Applicant represents and warrants to Alcon that:**

- All information provided in this Application is true and correct, including, without limitation, information regarding the location and purpose for which the donated products and loaned equipment is to be used
- Unless authorized by a government license, Applicant will not export or re-export equipment to any territory, person, or entity that is subject to United States, European Union, Swiss, or other applicable economic or trade sanctions, and
- Applicant will not deal with:
  - any party identified on the United States Treasury Department's Specially Designated Nationals and Blocked Persons List ("SDN List"),
  - any party 50% or more owned or controlled by one or more persons or entities listed on the SDN List,
  - any party listed on any other U.S., any EU, or Swiss restricted parties lists, including, without limitation, the U.S. Commerce Department's Denied Persons List and Entity List, the Consolidated List of Persons, Groups and Entities Subject to EU Financial Sanctions, and the consolidated list of sanctioned persons, enterprises and organizations subject to Swiss financial sanctions, or
  - any military or law enforcement hospital, clinic, or entity.



**Applicant further certifies (Applicant must check one) that he/she is:**

- An employee of the sponsoring organization named above in this application, or
- Authorized to apply on behalf of the sponsoring organization as its officer, employee, or representative

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Alcon Decision**

- Approved**
- Approved in part**
- Denied**

*After review by Corporate Giving, Alcon representative to sign below and confirm what Alcon agrees to provide:*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Alcon Organization Name:** \_\_\_\_\_

**Consumable Product Items Approved for Donation**

Consumables	Order Number	Type of Consumable	Quantity

**Equipment Items Approved for Temporary Loan**

Equipment Model Name	Model Number	Type of Equipment	Quantity

Accessories Model Name	Model Number	Type of Accessory	Quantity