

# Nerve Agent Antidote Request Form

Please complete and send completed form to Margie Cole by email: [mcole@seaems.com](mailto:mcole@seaems.com) or fax: 334-671-1685.

Agency Name: _____
Type of Agency (check one): <input type="checkbox"/> ALS <input type="checkbox"/> BLS      Phone Number: _____
Mailing Address: _____ _____
Point of Contact: _____ Medical Director: _____

Number of Duodote kits being requested: \_\_\_\_\_

EMS Region Number: _____	Point of Contact: _____
EMS Region Office Mailing Address: _____ _____	
EMS Region Office Phone Number: _____	

My signature attests that the agency has a nerve agent antidote program and that personnel have been trained on the program and on the nerve agent antidote kits including use, storage, indications, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Questions should be directed to the State Pharmacy Director at the Alabama Department of Public Health.

# Nerve Agent Antidote Replacement Request Form

Please complete and return to Regional Office by email:

[mcole@seaems.com](mailto:mcole@seaems.com), or fax: (334) 671-1685.

Agency Name: _____
Type of Agency (check one): <input type="checkbox"/> ALS <input type="checkbox"/> BLS      Phone Number: _____
Mailing Address: _____ _____
Point of Contact: _____ Medical Director: _____

## Duodotes being returned:

Lot Number	Expiration Date	Quantity

My signature attests that the agency has a nerve agent antidote program and that personnel have been trained on the program and on the nerve agent antidote kits including use, storage, indications, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Questions should be directed to the State Pharmacy Director at the Alabama Department of Public Health.