

Humanitarian Report Form

Please share your trip details with our team! We request that you kindly return this form with the information requested below along with any photos, videos and first person experiences you are willing to share. This information may be used on our web site to inspire other surgeons to act. If you are willing to like us to keep the information confidential, please let us know, and we will happily honor your request.

Please describe your humanitarian effort:

Contact name

Institution name

Phone number

Email address

Date of trip (if applicable)

Location

Number of patients served

Number of local doctors trained

Number and types of surgical procedures performed

Were all the donated products used?

If no, what did you do with the excess of each?

What else would you like to report? Please feel free to share a favorite story!

Any additional feedback/suggestions?

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.