

Application for Alcon Equipment Donation

This application is for use in all geographies. All of the information requested below must be provided for this application to be evaluated. Please note that the following types of Alcon equipment are generally not eligible for donation: Constellation®, LenSx® Laser, WaveLight®, and ORA®.

Please submit completed applications to alcon.cares@alcon.com

Applicants must be a legitimate, established organization and not an individual or private practice group. If not applying on behalf of an existing organization, follow one of these alternatives prior to submitting an application for equipment donation:

- 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 Alcon for names of existing outreach organizations that accept professional volunteers.

To be eligible for consideration, the requested equipment donations must meet these requirements:

- All of the information requested in the application must be provided for the application to be considered.
- Applicant 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 equipment requested must be reasonable in quantity to support the proposed activity.
- The proposed equipment 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 equipment 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 equipment donated by Alcon must not be charged for the treatment using the equipment 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.)

Equipment availability is limited in relation to the number of applications received. Receipt of an application by Alcon does not guarantee that equipment is available or that it will be donated.

APPLICATION

1. Equipment Donation Applicant

Organization Name: _____
Location/Address: _____
Website URL: _____
Contact Name: _____
Contact Title: _____
Contact Email: _____
Contact Telephone: _____

2. Destination for Equipment Placement

City and Country: _____
Venue Name (hospital, clinic, or other facility): _____
Venue Address: _____
Shipping Address: _____

3. Destination Facility – Type of Organization

License Number: _____

- ☐ Private for profit
☐ Government owned
☐ Non-Government Organizations (not-for-profit organization that is independent from states and international governmental organizations involvement)
☐ Other (explain): _____

4. Provide a brief history of the each organization, and indicate the information requested below.

| Organization | Brief History | Number patients treated annually | Number of physicians trained annually |
|------------------------|---------------|----------------------------------|---------------------------------------|
| Requester Organization | | | |
| Destination Facility | | | |

5. Explain how the requested equipment will be used in the destination country to address unmet medical needs: _____

6. Explain the destination facility’s on-going source of financial support to continue long-term operations: _____

7. Items Requested

| Equipment Model Name | Model Number | Type of Equipment | Quantity |
|----------------------|--------------|-------------------|----------|
| | | | |
| | | | |

| Accessories Model Name | Model Number | Type of Accessory | Quantity |
|------------------------|--------------|-------------------|----------|
| | | | |
| | | | |

8. Explain applicant’s arrangements to address any related customs import requirements:

9. Facility details that impact delivery, installation, and on-going operation of equipment and accessories:

Describe facility for receiving an equipment delivery (and please provide photographs if available):

Loading/shipping dock configuration: _____

Availability of uncrating personnel: ☐ Yes ☐ No Forklift availability: ☐ Yes ☐ No

Ramp: Sloped: ☐ Yes ☐ No Smooth Surface: ☐ Yes ☐ No Turns required: ☐ Yes ☐ No

Elevator dimensions: _____ Height _____ Width _____ Depth _____

Door/hallway dimensions through route to place of installation: _____ Widest _____ Narrowest

Describe and provide photos of facility/area where the equipment/accessories will be installed/used:

Floor Material: ☐ Wood ☐ Concrete ☐ Ceramic ☐ Other (specify: _____)

☐ Synthetic (synthetic requires minimum of 30% room humidity)

Is Main Power Quality suitable for a surgical environment? ☐ Yes ☐ No (explain: _____)

Incoming Power 220-240/115: ☐ Yes ☐ No Frequency 50/60: hz ☐ Yes ☐ No

Air conditioned: ☐ Yes ☐ No

Required ambient temp range: 5-38°C (41-100.4°F)

10. Name the traveling physicians who will use the equipment occasionally to provide medical services

| Traveling physicians (Originating Country) | | | |
|--|-------------------|----------------|----------------------------------|
| Name and Address | Area of Specialty | License Number | US DEA Number (if applicable) |
| | | | |
| | | | |

11. Are there local facility physicians and staff who are trained and experienced in using the requested equipment and who will use it regularly? ☐ Yes ☐ No If yes, please list:

| Destination In-Country physicians and medical service providers | | |
|---|-------------------|----------------|
| Name and Address | Area of Specialty | License Number |
| | | |
| | | |

12. Will any skills transfer be provided to local physicians and staff using the equipment? ☐ Yes ☐ No If yes, please indicate details below:

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

13. Patient Treatments Anticipated Annually

| Surgical | Annual Quantity |
|-------------------|-----------------|
| Cataracts | |
| Strabismus | |
| Pterygium | |
| Vitreoretinal | |
| Surgical glaucoma | |
| Other (describe) | |

14. Are patients currently receiving treatment through the organization locally already? ☐ Yes ☐ No Describe the types of treatment and numbers of patients anticipated at location where equipment is to be placed: _____

15. How is post-surgical and any other needed follow-up care provided to patients currently?

16. Will patients be charged for medical services provided using the equipment? ☐ Yes ☐ No

If yes, explain how the charge amount is determined:

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

17. What is the next closest source for medical eye care services available to the patients?

18. 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 that if Alcon approves this application in full or in part, the Applicant and the sponsoring organization will do all of the following:

- Use any equipment, accessories, and/or consumables that Alcon donates 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.
- Use equipment, accessories, and/or consumables donated by Alcon only to treat medically underserved patients, including those who, to the best of Applicant's knowledge, cannot afford surgery.
- Not charge patients for surgery or consumables using equipment provided by Alcon or for related professional healthcare services, unless the charges are nominal, based on a sliding scale and/or the patient's ability to pay, and are used to support further development of healthcare services and programs to meet unmet medical needs in the donation recipient's community.
- Submit to Alcon, on an annual basis, a Patient Impact Report and will otherwise cooperate with and respond to questions from Alcon, if asked, to verify that the equipment and accessories have been used consistent with the purposes for which they were donated and consistent with the requests and affirmations made in this Application.
- Complete and submit to Alcon signed photo release forms to accompany any photos submitted to Alcon with the Patient Impact Report.
- Be responsible for compliance and costs with all applicable import regulations in the destination country, and for performing all import formalities and obtaining all authorizations or licenses required for importing the equipment into the destination country. (Alcon can provide a manifest listing the value of equipment it donates, but it will not facilitate the completion of any customs and immigration paperwork related to the final destination of the equipment donation.)
- Assume all costs related to service coverage and repairs for the donated equipment beginning one year after the date of equipment installation. (The organization may then choose to enter into a fee-for-service Services Agreement with Alcon.)

Applicant understands that:

- Alcon will arrange and bear the costs for shipping the equipment and accessories to the destination country and will manage export clearances,
- Alcon will be responsible for the initial installation of the equipment and accessories, and
- Alcon will provide one year of standard warranty coverage, free of charge, from the date of installation; thereafter, the applicant will assume all costs related to service coverage and repairs for the donated equipment; the organization may choose to enter into a fee-for-service Services Agreement with Alcon.

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 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 United States, European Union, 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 European Union 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, 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:

Items Approved for Donation

| Equipment Model Name | Model Number | Type of Equipment | Quantity |
|----------------------|--------------|-------------------|----------|
| | | | |
| | | | |
| | | | |

| Accessories Model Name | Model Number | Type of Accessory | Quantity |
|------------------------|--------------|-------------------|----------|
| | | | |
| | | | |
| | | | |

- **Alcon will bear costs for shipping the equipment and accessories to the destination country and for compliance with any related export requirements; Applicant has responsibility for compliance with import requirements in the destination country and all related costs and for complying with any export authorization restrictions.**
- **Alcon will be responsible for initial installation of the equipment and accessories.**
- **Alcon will provide one year of standard warranty coverage, free of charge, from the date of installation.**

Thereafter, the organization will assume all costs related to service coverage and repairs for the donated equipment; the organization may choose to enter into a fee-for-service Services Agreement with Alcon.

Signature _____ **Date** _____

Printed Name: _____

Title: _____

Alcon Organization Name: _____