



TBIO

TANZANIA BIO-ELECTRONICS INFORMATION ORGANIZATION

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Connecting the World to Improve Healthcare Technology

DONATION REQUEST FORM

Note: This form should be filled by Authorized Officer/Doctor of a Particular Hospital/Health Care Facility

1. Name of the facility(Registered Name)

2. Type of Health care facility

3. Facility Address(Including Location)

4. Shortly mention services the facility provides to the community

5. Mention the equipment you need (Every form should not exceed 6 equipment)

(a) _____

Needed for replacement?(YES/NO)_____ To expand services? (YES/NO)_____

Other reasons

(b) _____
Needed for replacement?(YES/NO)_____ To expand services? (YES/NO)_____
Other reasons

(c) _____
Needed for replacement?(YES/NO)_____ To expand services? (YES/NO)_____
Other reasons

(d) _____
Needed for replacement?(YES/NO)_____ To expand services? (YES/NO)_____
Other reasons

(e) _____
Needed for replacement?(YES/NO)_____ To expand services? (YES/NO)_____
Other reasons

(f) _____
Needed for replacement?(YES/NO)_____ To expand services? (YES/NO)_____
Other reasons

6. Do you have Biomed support?(YES/NO)

7. Would your facility like to join TBIO Biomed Community?(YES/NO)_____

Filled by(Full name)_____

Position_____

Signature_____

Date_____

Official stamp here