

IMPORTANT CONTACTS
AS OF (date) _____

MISSION: _____

LOCATION: _____

USPHS TEAM	Name	Phone #	Email
Team Commander			
Medical Operations Lead			
Lead RPh			
Deputy Lead RPh			
Lead MD			
Lead RN			
Safety Officer			
Logistics- Support/Procurement			

FEDERAL CONTACTS	Name	Phone and/or Fax #	Email
SNS			
DEA			
SOC			
FEMA Logistics			
ASPR Logistics			
ASPR Travel			
OFRD			
Perry Point			
DOD			

STATE CONTACTS	Name	Phone and/or Fax #	Email
State Board of Pharmacy			
State Dept of Health			

(CONTINUED)
IMPORTANT CONTACTS
AS OF (date) _____

MISSION: _____

LOCATION: _____

LOCAL CONTACTS	Name	Phone and/or Fax #	Email
Wholesalers/Venders:			
Other:			
Hospitals			
Retail Pharmacies			
Universities			