

SoundCaring Application

SoundCaring offers a Matching Grant program to qualified charitable organizations that allows for the purchase of our current line of ultrasound systems at humanitarian pricing. Please direct inquiries to soundcaring@sonosite.com

****PLEASE TYPE OR PRINT ALL ANSWERS****

Organization Information		
Name of Organization		
Contact Person Within Organization		
Organization's Address		
Organization's City, State/Province, Postal Code		Country
Organization's Phone Number	Fax Number	Email Address
Organization's Web Site		
U.S. Address (if different)		
U.S. City, State, Zip Code (if different)		
U.S. Phone Number	U.S. Fax Number	
When was the organization formed (month and year)?	Number of members of organization	
Organization's religious affiliation if any		
Organization's mission statement (attach on a separate sheet of paper if necessary)		
Who is your primary contact at SonoSite?		
What type of system and transducer(s) are you interested in? (please see: www.sonosite.com/products)		
When do you need to receive the equipment? Please note: Application processing takes 2-3 months. We are not able to accommodate rush requests.		

Primary Contact Information in U.S.		
Primary Contact Name	Title	
Institution/Organization		
Address		
City, State, Postal Code		
Phone Number	Fax Number	Email Address

Secondary Contact Information in U.S.		
Secondary Contact Name		Title
Institution/Organization		
Address		
City, State, Postal Code		
Phone Number	Fax Number	Email Address

Clinic Information (primary site where system will be used)		
Clinic Name		
Contact Person At Clinic		
Clinic Physical Address		
City, State/Province, Postal Code		Country
Clinic's Phone Number	Fax Number	Email Address
Clinic's Medical Director (in country)		
Medical Director's Address		
Medical Director's City, State/Province, Postal Code (if different from clinic)		
Medical Director's Phone Number	Medical Director's Email Address	
How long has this particular clinic been operational?	How long has the organization provided health care to this region?	
What is the primary mission of the clinic?		
What population is typically served by the clinic?		
What are the principle clinical applications: (check all that apply) <input type="checkbox"/> General Abdominal <input type="checkbox"/> Obstetrics <input type="checkbox"/> Breast Imaging <input type="checkbox"/> Other (list): <input type="checkbox"/> Cardiac <input type="checkbox"/> Gynecology <input type="checkbox"/> Pediatrics		
List all organizations associated with the clinic:		
Please describe how ultrasound is integral to the needs of the clinic:		

Names of trained individuals who will use equipment:
SoundCaring focuses its support on sustainable projects. Please explain, in reasonable detail, how the organization will ensure that properly trained users conduct the exams and maintain the equipment.
Where will the equipment be kept?
Is there any additional information that you would like the SoundCaring Committee to consider?

Please complete this check list	YES	NO
Is the requesting organization a non-profit or not-for-profit entity?		
Is the organization a 501(c)(3) entity?		
Is the organization a part of or affiliated with a company, corporation, or other group?		
<i>If yes, please list those groups:</i>		
Does the organization charge for delivery of healthcare services at the clinic where the system will be used?		
Does the organization limit their care to certain ethnic, religious, political or cultural groups?		
Does the group have a policy to provide services to all patients regardless of race, creed, gender, age, sexual orientation, ethnicity or social condition?		
Does the group perform services related to termination of pregnancy based on fetal sex, the harvesting of organs, euthanasia, physician-directed suicide, torture or mistreatment?		
Does the group engage in medical practices considered by AMA or WHO to be unethical?		
How long has the clinic been delivering healthcare services?		
Is the clinic involved in research?		
Is the clinic staffed year round?		
Is the clinic routinely staffed by clinicians trained in the performance and interpretation of diagnostic ultrasound examinations?		
If yes, how many days per year are they present?		
Is the clinic part of a pilot project or feasibility program?		
Is the clinic engaged in research activities namely with ultrasound imaging?		

NOTE: Please submit TWO LETTERS OF REFERENCE, one of which must be from a physician, along with your application.

By signing this document I attest that the information provided is accurate to the best of my knowledge and accurately represents the facts regarding the organization and related clinic. I also acknowledge that meeting eligibility requirements and completing this form do not constitute an agreement for SonoSite to donate equipment.

Additionally, I hereby give and grant to FUJIFILM SonoSite, Inc. the right to display on its website and printed materials, the photographs, audio recordings, video recordings, testimonials and/or interview answers (collectively or individually the "Information") obtained of me or from me in connection with the use of the ultrasound system provided by SonoSite to me and/or the organization/clinic named on this application. I acknowledge that my participation is voluntary and no consideration is required to give this Consent full force and effect. I agree that I shall have no right of approval, no claim to compensation or benefit, and no claim (including without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use or nonuse of the Information, and I expressly waive and release FUJIFILM SonoSite, Inc. from any such claims.

By

Name

Title

Organization Name

Date

Please email or fax this application along with **TWO LETTERS OF REFERENCE**, one of which must be from a physician, to Shannon Atchison at: shannon.atchison@sonosite.com or 425-984-9607.