LUNG
FOUNDATION
OF MALAYSIA

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ACCEPTANCE OF DONATION OF MEDICAL EQUIPMENT FROM LUNG FOUNDATION OF MALAYSIA

WE / I, _____Patient / Father / Mother / Guardian to the patient *(delete where not applicable),* **wish to receive the donation of one unit of medical equipment from Lung Foundation of Malaysia and agree to abide to the terms and conditions attached.**

Name of Patient :_____I.C.:_____

Address :_____

_____

Tel No. :_____

Signature :_____Date:_____

Name of Father/Mother/ Guardian :_____
(For paediatric patients below age of consent)

I.C :_____Tel No.:_____

Signature :_____Date:_____

Emergency Contact Details:

Name :_____

Tel No. :_____

Witness:
(Doctor in charge)

Name :_____IC:_____

Signature :_____Date:_____

Approved by:

Name :_____IC:_____

Signature :_____Date:_____

Type of medical equipment:

☐CPAP
☐BPAP
☐Oxygen Concentrator
☐Portable Oxygen Concentrator
☐Non- Invasive Ventilator
☐Other; Please state: _____

Manufacturer :_____

Model :_____

Serial No. :_____

Date borrowed :_____

Date Returned :_____

Received by (Dr in Charge):

Name :_____

Designation :_____

Institution :_____

Date Received :_____

Signature :_____

Stamp:

Terms and Conditions for Donation of CPAP / BPAP / Oxygen Concentrator / Portable Oxygen Concentrator / Suction Machine / Ventilator / Any other medical equipment provided by the Lung Foundation of Malaysia

1. The machine is donated by the Lung Foundation of Malaysia ("LFM") to the patient / parent / guardian for the purpose of supporting the patient's medical needs.

2. Upon receipt of the machine, the recipient acknowledges that the machine has been received in good working condition and that the machine is no longer the property of LFM.

3. The patient / parent / guardian shall assume full responsibility for the proper use, safekeeping, maintenance, and care of the donated machine from the date of receipt. The recipient shall ensure that the machine is used appropriately and in accordance with the manufacturer's instructions and medical advice.

4. The patient / parent / guardian shall be responsible for any costs arising from the repair, replacement of parts, maintenance, servicing, or any damage to the machine after it has been donated.

5. The oxygen concentrator / CPAP / BPAP shall be serviced once every twelve (12) months by the authorised service company. The cost of servicing shall be borne by the recipient. The recipient shall be responsible for arranging the service of the machine directly with the service company, including reminding the company when servicing is due. The service company representative may conduct the service at the recipient's home, or the recipient may send the machine to the service company, subject to arrangements between the recipient and the service company.

6. **Indemnity and Acknowledgement of Responsibility**
   The patient / parent / guardian acknowledges and agrees that upon acceptance of the donated machine, LFM shall no longer be responsible for any loss, damage, malfunction, misuse, accident, injury, or costs arising from the possession, use, maintenance, or condition of the machine. The recipient agrees to fully indemnify and hold harmless LFM from any claims, liabilities, damages, losses, or expenses arising from or relating to the donated machine after the date of receipt.

7. If the patient no longer requires the use of the donated machine, the patient / parent / guardian may return the machine to LFM for consideration of use by other patients.

8. LFM reserves the right to request the return of the donated machine if there is evidence of misuse, neglect, or if the machine is no longer required by the patient. Any return of the machine shall be subject to discussion and arrangement between LFM and the recipient.

9. The patient / guardian / representative agrees to communicate with the donor, LFM, to monitor the machine condition and usage from time to time.

Name of Patient/ Father/ Mother/ Guardian :_____

Signature :_____

Date :_____

Tel. No. :_____

Name of Guarantor :_____

Signature :_____

Date :_____

Tel. No. :_____

Name of Witness :_____

Signature :_____

Date :_____

Stamp :

NO	ACKNOWLEDGEMENT AND UNDERTAKING FOR THE PROPER USE AND CARE OF MEDICAL EQUIPMENT	YES / NO
1.	I, as the patient / parent / mother / father / guardian, acknowledge that I have been provided with an explanation and guidance on the proper use of the machine before taking it home.	☐ ☐
2.	I, as the patient / parent / mother / father / guardian, have signed the agreement after understanding the explanation provided regarding the proper use and care of the machine.	☐ ☐
3.	I, as the patient / parent / guardian, acknowledge that I am responsible for the proper care of the machine and for ensuring that the filter is changed regularly as required.	☐ ☐
4.	I, as the patient / parent / guardian, acknowledge that if the machine is unable to function due to my negligence or failure to follow the proper care and maintenance instructions, I am responsible for sending the machine for repair. I understand that the Foundation reserves the right to retrieve the machine and may not provide a replacement machine in such circumstances.	☐ ☐
5.	I, as the patient / parent / guardian, acknowledge that the steps and instructions for the proper care of the machine have been explained to me. * I will wash my hands before handling the machine.	☐ ☐

* I will ensure that the machine is placed:
  a) Away from any inflammable objects such as mosquito coils and cigarettes
  b) Away from the kitchen:
     i) I will not bring the machine into the kitchen
     ii) I will not bring the oxygen tank into the kitchen
     iii) I will not move the machine to any other location or outside the patient's house without approval.

  c) Distance of machine from the wall at least to be 1 foot (30 cm)
     i) Using a single electrical plug only.
     ii) Not allowed to change the identified place for the machine. I will handle the machine with care and will not play with or frequently switch the ON/OFF button unnecessarily.

  d) [For oxygen concentrator only] Daily care. I acknowledge that I am responsible for the daily care of the machine, including:
     i) Cleaning the exterior of the machine using clean water only and wiping it dry.
     ii) Cleaning the tubing and sponge filter with clean water and allowing them to dry, or vacuuming the sponge filter as instructed.
     iii) Cleaning the humidifier bottle and changing the water daily using boiled water that has been cooled to room temperature.
     iv) Ensuring that water is added to the humidifier bottle until it covers the tubing.

  e) [For oxygen concentrator only] I acknowledge that I am responsible for the weekly care of the machine, including:
     I will check the filter regularly and replace it if there is any change in colour or if it becomes dirty.

  f) [For oxygen concentrator only] 3 monthly care
     i) I acknowledge that the filter must be changed every three (3) months.
     ii) I understand that the cost of the replacement filter shall be borne by me as the patient/guardian.
     iii) I understand that the filter may need to be replaced earlier if it becomes dirty.

g) 12 monthly care
I acknowledge that the machine must undergo servicing every 12 (12) months by an authorised service provider.

6. I, as the patient / parent / guardian, acknowledge that I have been explained how to check whether the machine is functioning properly.

a) I understand that if green light is on -- the machine is functioning well.

b) I understand that if there is alarm sound with red light -- the machine is not functioning.

c) If the machine is not functioning, I will check the following four (4) items (where applicable):

1) Plug

2) Tubing

3) Regulator for oxygen

4) Wire connection.

7. I, as the patient / parent / guardian, acknowledge that if the machine is not functioning or is out of order after performing the recommended checks, I will contact the relevant person or service provider below for further assistance.:

03_____
(Name of company:)
Or image/copy of company biz card

8. I, as the patient / parent / guardian, acknowledge that I have received and kept one copy of the signed agreement, and the Foundation will retain another copy for its records.

Name : _____ Name witness : _____

Signature:_____ Signature : _____

Date :_____ Date : _____

LUNG FOUNDATION OF MALAYSIA
CHECK LIST OF OXYGEN CONCENTRATOR
BEFORE DONATION TO PATIENT
(To be done by the referral doctor)

		YES	NO
1) MACHINE			
a) Sponge Filter	Clean	☐	☐
b) Bacterial Filter	Change	☐	☐
c) Humidifier water & tubing	Clean/ change	☐	☐
d) Oxygen level of Machine 94%- 95% / litre of oxygen		☐	☐
2) TEACHING			
a) Cleaning	--Machine	☐	☐
	--Sponge filter	☐	☐
	--Humidifier bottle & tubing	☐	☐
b) Fire Hazard			
i) No smoking		☐	☐
ii) No mosquito coil		☐	☐
iii) No cooking near machine		☐	☐
iv) No burning of rubbish		☐	☐
v) Plug- single head		☐	☐
vi) Signal- to indicate machine out of order	a) red/ orange b) noise	☐	☐
vii) Place in one position & not to move the machine out of the room.		☐	☐
3) HOME VISIT			
a) Address / Tel No. recorded		☐	☐
b) Type of house	- Brick	☐	☐
	- Wooden/ cement	☐	☐
	- Single / double story	☐	☐
	- Kampung house	☐	☐
	- Semi detached	☐	☐
	- Bungalow	☐	☐
c) Room	- Big	☐	☐
	- Satisfactory	☐	☐
	- Small	☐	☐
	- No. of room	☐	☐
d) Environment	- Near roadside	☐	☐
	- Far from roadside	☐	☐
	- Far from town	☐	☐
	- Danger area	☐	☐
	- Burning rubbish (Distant at least 20 ft.)	☐	☐
e) Kitchen	- Far	☐	☐
	- Near	☐	☐
f) Family	- Nuclear	☐	☐
	- Extended	☐	☐
g) Advices	- Family members	☐	☐
	- Parents	☐	☐
h) Recording and Reporting		☐	☐
4) CONTRACT	- Parents / guardian to sign	☐	☐
	- Legal aspect of contract understand by borrower.	☐	☐