



# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

## Council to EMS Agency Drug Kit Transfer Agreement

Please list the drug kit numbers on the provided "Exhibit A - Council to EMS Listing of Kits Received"

Transfer Date

A copy of this and Exhibit A should be emailed to [drugbox@odemsa.net](mailto:drugbox@odemsa.net).

Number of Kits

### RECEIVING REGISTRANT (Agency):

Agency Name (Registrant)			
Address	City	State	Zip
CSR#	DEA#		

### DRUG KIT TRANSFER AGREEMENT

This Drug Kit Transfer Agreement ("Agreement") is entered into by and between the Old Dominion Emergency Medical Services Alliance ("**ODEMSA**") and the Receiving Registrant ("**Registrant**"), an EMS agency, for the one-time transfer of controlled substances and related medications (collectively, "Drugs") contained in the regional drug kits listed in Exhibit A of this Agreement. **ODEMSA** hereby transfers to the **Registrant**, and the **Registrant** hereby accepts, the drug kits detailed in Exhibit A. This transfer is a one-time transaction, effective as of the "transfer Date, at which point the responsibility for the Drugs transfers to the **Registrant**. The **Registrant's** review and acceptance of the Drugs relieve **ODEMSA** of any liability arising from this transfer. The Drugs are transferred "as is," and **ODEMSA** makes no warranties regarding their condition or suitability. In the event of any discrepancy in the inventory of Drugs transferred, the **Registrant** shall notify **ODEMSA** in writing within five (5) business days using the "Discrepancy Report" form available at <https://odemsa.net/regional-documents/>. The **Registrant** agrees to indemnify and hold harmless **ODEMSA** from any claims, damages, or liabilities arising from the **Registrant's** possession, use, or distribution of the Drugs after the Transfer Date.

**IN WITNESS WHEREOF**, the undersigned authorized representatives of **ODEMSA** and the **Registrant** have executed this Agreement as of the date(s) indicated below:

#### REGISTRANT AGENT:

_____
Full Name (print)
_____
Title
_____
Signature
_____
Date

#### COUNCIL AGENT:

Heidi Hooker
Full Name (print)
Executive Director
Title
_____
Signature
_____
Date

***Exhibit A***  
**Council to EMS Listing of Kits Received**

Orange Box Number	Yellow Box Number	Were Controlled Substances Removed?	
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
		Yes / No	Notes:
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