



DONATE MEDS. CHANGE LIVES.

WHY DONATE?

The need for medication assistance is growing. Over 40% of adults delayed taking or did not fill a needed prescription due to cost. Your donated medicine will be going to individuals who would otherwise go without their potentially life-saving medication.



126,000+

Individuals in need have received free medication from the SafeNetRx Drug Donation Repository



\$89M

Worth of medications have been donated to SafeNetRx and kept out of the environment

DONATION CHECKLIST:

ACCEPTABLE DONATIONS

- ✓ 3+ months from expiration
 - ✓ Sealed in tamper-evident packaging
- Examples:
- Bubble packs and blister cards
 - Unused inhalers still in packaging
 - Bottles/vials with seal underneath cap



UNACCEPTABLE DONATIONS

- ✗ Expired medications
- ✗ Un-sealed (amber vials)
- ✗ Controlled substances
- ✗ Refrigerated products



Looking to donate insulin? We recommend visiting *Insulin for Life at iflusa.org* or your local animal shelter.

DONATE TODAY!



SUBMIT DONATION FORM ONLINE

OR complete the form provided with this flyer and send along with your donation.



DROP-OFF OR SEND DONATION TO SAFENETRX

We're located at:

SafeNetRx Drug Donation
1500 SE 19th St, Suite 530
Grimes, IA 50111



DISPOSE OF INELIGIBLE ITEMS

For those medications that may not be donated, please dispose of them properly by dropping them off at a local pharmacy or police station.

Donation Drop-off Hours: Monday - Thursday 8:30AM - 4:00PM Please call before stopping by!



INDIVIDUAL DONATION FORM

SafeNetRx™ DRUG DONATION

SUBMIT ONLINE AT
SAFENETRX.ORG/INDIVIDUAL-DONATION



MEDICATION/MEDICAL SUPPLY INFORMATION

Donation #1 :	_____	Quantity :	_____
	<i>Name</i> _____ <i>Strength & Dosage Form</i> _____		
Expiration Date :	____ / ____ / ____	NDC # :	_____
		Lot # (if available) :	_____
Donation #2 :	_____	Quantity :	_____
	<i>Name</i> _____ <i>Strength & Dosage Form</i> _____		
Expiration Date :	____ / ____ / ____	NDC # :	_____
		Lot # (if available) :	_____
Donation #3 :	_____	Quantity :	_____
	<i>Name</i> _____ <i>Strength & Dosage Form</i> _____		
Expiration Date :	____ / ____ / ____	NDC # :	_____
		Lot # (if available) :	_____
Donation #4 :	_____	Quantity :	_____
	<i>Name</i> _____ <i>Strength & Dosage Form</i> _____		
Expiration Date :	____ / ____ / ____	NDC # :	_____
		Lot # (if available) :	_____

DONOR INFORMATION

Name (Print) : _____
First Name _____ *Last Name* _____

Address : _____
Street Address, Apt/Unit# _____ *City, State, Zip-Code* _____

Phone Number : _____ E-Mail Address : _____

CERTIFICATION

I certify that the medications or medical supplies listed on this form were stored as recommended by the manufacturer and have not been tampered with and meet the requirements listed below:

My donation:

- is not a controlled substance (no narcotics or opioids) will not expire for at least 3 months is packaged in sealed, tamper-evident packaging (no un-sealed amber vials) does not require refrigeration

DONOR SIGNATURE _____ DATE _____

DROP-OFF OR MAIL COMPLETED FORM & DONATION TO:

SAFENETRX DRUG DONATION
1500 SE 19th St, Ste 530
Grimes, IA 50111

Please call before dropping off

CONTACT US WITH QUESTIONS!

- Email: repository@safenetrx.org
- Phone: (515) 327-5405
- Website: www.safenetrx.org

SAFENETRX ACKNOWLEDGEMENT

SAFENETRX STAFF SIGNATURE _____ DATE _____

Drugs and biological products for which the Federal Food and Drug Administration (FDA) requires a Risk Evaluation and Mitigation Strategy (REMS) with an element to assure safe use or an implementation system, and such drugs and biological products as determined by the pharmacist in charge, shall not be accepted or distributed under the provisions of the program.

Completion of this form meets the requirements of Iowa Administrative Code 641 -- 109.4(a, b, c, h) and 109.4(5a, b, c) for donating drugs and supplies.