

Reference #: *Procurement Use Only*

SURGICAL CASE AND NEW CLINICAL PRODUCT REQUEST FORM

Procurement & Supply Chain Operations

INSTRUCTIONS: Use this form to request the purchase of a new clinical product for a specific surgery/procedure or for ongoing use. Please complete this form electronically; handwritten forms will be rejected. Contact Dan Hannon at ext. 2740 or Lynn Brown at ext. 3927 with questions.

Submit completed forms to: Dan Hannon by Fax 860-679-1993 or Email dhannon@uchc.edu

SECTION I: REQUESTOR IDENTIFICATION AND CONTACT INFORMATION

Requesting Physician:		Contact Person (if not Physician):	
Department/Division:		Building & Room Number:	
Phone Number:	Fax Number:	Email:	

SECTION II: REQUEST TYPE

Priority: (check one) Desirable Case Specific *If Case Specific, complete Section III Procedure Information below.*

This request is to: (check all that apply)

Use this product one time only
 Trial this product
 Use this product more than once, but not add it to stock
 Add this product as a new stock item that will be used regularly

If approved, this product will:	Supplier Name	Product #	Warehouse #
<input type="checkbox"/> Duplicate the following existing product:			
<input type="checkbox"/> Replace the following existing product:			

SECTION III: PROCEDURE INFORMATION

Note: If medical record number or other PHI is entered below, this form must be protected pursuant to HIPAA.

Procedure Date:	Patient's Medical Record Number:
Description of Procedure:	
Check One: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient – Expected length of stay: _____ Days	
CPT/HCPCS Code(s):	Payor/Insurance Co.:

SECTION IV: PRODUCT BEING REQUESTED

Where will this product be used? (select all that apply)

Invasive Procedure Unit
 Non-Invasive Unit
 Med-Surg Unit
 Clinics
 All Areas

Type of Product: (check one) Disposable Equipment/Instrument Implantable Device

Product Description:

Manufacturer:	Supplier:	Catalog/SKU #:
Preferred Unit of Measure (UOM): (check one)	<input type="checkbox"/> Bottle <input type="checkbox"/> Case <input type="checkbox"/> Dozen <input type="checkbox"/> Kit <input type="checkbox"/> Box <input type="checkbox"/> Custom Pack <input type="checkbox"/> Each <input type="checkbox"/> Package	<input type="checkbox"/> Other:

Approximate Cost: \$ _____ per UOM selected above	<i>Procurement Use Only</i> <input type="checkbox"/> High Dollar Product
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Is this product a patient charge item? <input type="checkbox"/> Yes <input type="checkbox"/> No	Product CPT/HCPCS Code(s):
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Does this product contain Latex? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this product received FDA approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this product require special handling/storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Will any <u>other</u> supplies, disposables, equipment or drugs be needed in order to use this product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Will the use of this product require education for clinical staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	

SECTION V: JUSTIFICATION FOR THE INTRODUCTION OF THIS PRODUCT

Reason	Explanation (How does this reason apply to this request?)
<input type="checkbox"/> New Service	
<input type="checkbox"/> Improved Service	
<input type="checkbox"/> Standardization	
<input type="checkbox"/> Other (Describe)	

Do you have any interest in the selection/use of this product that may be deemed a conflict of interest? Yes No
If yes, disclose your financial relationship with the supplier or other conflict of interest:

SECTION VI: REQUESTOR SIGNATURES

I certify that, to the best of my knowledge, the above information is true and accurate, and that no other material fact or consideration offered or given has influenced this product request.

Requesting Physician Name (Printed)	Requesting Physician Signature	Date
Department Head Name - Surgical Cases (Printed)	Department Head Signature	Date
Faculty Chair Name - New Clinical Products (Printed)	Faculty Chair Signature	Date

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