

## Huntsville Hospital System Value Analysis Team New Product Request Form

Add    Change    Delete

Today's Date:		Requestor's Name:	Click here to enter text.		
Contact Number:	Click here to enter text.	Email:	Click here to enter text.	Department:	Click here to enter text.

Requested Item/Product Profile – Part 1				
Product Name/Description:	Click here to enter text.			
Manufacturer/Vendor#:	Click here to enter text.	Rep Name:	Click here to enter text.	
Manufacturer/Catalog #:	Click here to enter text.	Rep Email:	Click here to enter text.	
Unit of Measure/Purchase:	Click here to enter text.	Rep Ph#:	Click here to enter text.	
Cost of new item:	Click here to enter text.	Cost per Each:	Click here to enter text.	
Reason for Add/Change:		Others Vendors Considered?	<input type="checkbox"/> YES <input type="checkbox"/> NO*	
Others vendors considered?		If NO* why?		
<b><i>Attach Vendor Quote or other pertinent information about the product</i></b>				

### PLEASE FILL OUT THE FOLLOWING COMPLETELY – Part 2

**Supplement** to *(what you're already using)*    **Replacement** of *(what will you NOT be using)*    **Reduce use.** Please provide Lawson numbers below:    N/A – NEW

Estimated Annual Usage Volume	Click here to enter text.	STOCK	<input type="checkbox"/> YES * APPROVAL REQ'D  <input type="checkbox"/> NO	NON-STOCK	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LAWSON #:	Click here to enter text.	LAWSON#:	Click here to enter text.	LAWSON:	Click here to enter text.

Profile of Requested Item – Part 3			
Need Medical Staff Notification	<input type="checkbox"/> YES <input type="checkbox"/> NO	Safety Issues:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Contains Latex/DEHP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the product disposable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the product sterile?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is it patient chargeable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be any other associated costs with the use of this item?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HCPCS Code?	

Please fill out form in its entirety. Failure to do so may delay the process. Once complete go to page 2/3 for approval from your Dept. Manager/Service Line and Quality and Infection Control. Questions call 5-1257 or email [Lori.Wilson@hhsys.org](mailto:Lori.Wilson@hhsys.org) Thank you!

**Signatures Recommending Approval – Huntsville Hospital Health System**

Department Manager:		Date:	Click here to enter a date.
Service Line Administrator:		Date:	Click here to enter a date.
Infection Control:		Date:	Click here to enter a date.
Safety Officer:		Date:	Click here to enter a date.
Director of Logistics ( <i>for stock requests</i> )		Date:	Click here to enter a date.
Purchasing – Business Systems Manager:		Date:	

**Signatures Recommending Approval – Madison Hospital**

Department Manager:		Date:	Click here to enter a date.
Infection Control:		Date:	Click here to enter a date.
Safety Officer:		Date:	Click here to enter a date.

**Signatures Recommending Approval – Athens Limestone Hospital**

Department Manager:		Date:	Click here to enter a date.
Infection Control:		Date:	Click here to enter a date.
Safety Officer:		Date:	Click here to enter a date.
Director of Logistics ( <i>for stock requests</i> )		Date:	Click here to enter a date.
Purchasing/Materials Manager:		Date:	Click here to enter a date.

**Signatures Recommending Approval – Helen Keller Memorial/Red Bay**

Department Manager:		Date:	Click here to enter a date.
Infection Control:		Date:	Click here to enter a date.
Safety Officer:		Date:	Click here to enter a date.
Director of Logistics ( <i>for stock requests</i> )		Date:	Click here to enter a date.
Purchasing/Materials Manager:		Date:	Click here to enter a date.

<b>Signatures Recommending Approval – Decatur Morgan Hospital</b>			
Department Manager:		Date:	Click here to enter a date.
Infection Control:		Date:	Click here to enter a date.
Safety Officer:		Date:	Click here to enter a date.
Director of Logistics <i>(for stock requests)</i>		Date:	Click here to enter a date.
Purchasing/Materials Manager:		Date:	Click here to enter a date.
<b>Signatures Recommending Approval – Lawrence Medical</b>			
Department Manager:		Date:	Click here to enter a date.
Service Line Administrator:		Date:	Click here to enter a date.
Infection Control:		Date:	Click here to enter a date.
Safety Officer:		Date:	Click here to enter a date.
Director of Logistics <i>(for stock requests)</i>		Date:	Click here to enter a date.
Purchasing/Materials Manager:		Date:	Click here to enter a date.