

## REQUESTOR

All fields denoted with an asterisk (\*) are required fields in order to submit an NPI request. If any of these fields are not filled an automated message will remind you.

Requestor's Name: \* Title: \*  
Requestor's EMail: \* Phone: \*  
Additional Requestor: Additional Requestor EMail  
Organization Name: \* Priority:  
Department Name: \* Date of Submission:

Do you have any relationship - business, financial, or other - with the supplier of this product or any of the supplier's representatives? \*

## PRODUCT INFORMATION

Type of Product: \* Is this product implanted?  
Name and Description: \* Product Manufacturer:  
Mfr/Sales Rep: Mfr Web Site:  
Sales Rep Phone: Mfr/Sales Rep EMail:  
Distributor Name: Distributor Part Number:  
Mfr Product Number: Additional Product Number:  
Additional Product Number: Additional Product Number:  
Additional Product Number: Additional Product Number:

## PRODUCT USAGE

1: State Primary Reason for Initiating this New Product Request:

2: Is there a medical benefit to the patient not currently satisfied by the current products used?

3: If Yes, Explain.

4: Is there a product in house performing the same function?

5: If Yes, please list the product name, Manufacturer, and Manufacturer Code

6: Please check all applicable reasons for request

Improved Patient Care	Improved Technology	Physician Request	Standardization
Safety	Replace Existing Product	Other	

7: What is the name of the procedure(s) in which this product will be used?

8: Will this new product be used for a new procedure?

9: If Yes, what is the name of the new procedure?

10: Is this product considered new technology?

11: Please provide a comprehensive list of the following codes for this product:

HCCPs Code	DRG Code
ICD9 Code	CSM Code

12: If this new product is replacing an existing product, please list existing; Product Name, Manufacturer, Manufacturer Catalog Codes

13: Please provide the following information for the proposed product:

Purchase Unit of Measure:

Procedure Unit of Measure:

Estimated Unit Price:

Estimated Annual Usage:

Estimated Annual Cost:

14: Is this product covered by medicare?

15: Is this an FDA investigational device?

16: Does this product have FDA approval?

17: What is the FDA approval number?

18: Does this product require a licence/certification/prescription?

19: Will this item affect current Hospital policies/procedures or practice guidelines?

20: Are there similar products on the market?

21: If yes, please list the manufacturer(s):

22: Does this product require installation?

23: Does this product interface with current equipment?

24: Is this a new generation of an existing product from this Manufacturer?

25: If yes, please identify the Manufacturer Number

26: If yes, does the new product have new clinical applications? Please list.

27: What problem will this new product solve?

28: How will this change be measured?

29: What is the anticipated effect on Length of Stay?

30: Does Procedure change from Inpatient to Outpatient?

31: Do you have information validating the clinical performance of this product?

32: Please list Sources: (Websites, clinical review papers, FDA papers, SG2/ECRI/Hayes/etc reports).

33: What departments/units will use this new product

34: Who are the potential users of this item by title/roles?

#### REIMBURSEMENT

36: Is this product intended to be a patient charge item?

37: How will the use of this product impact reimbursement? Explain.

#### SUPPLY CHAIN

38: Can the product be consigned, leased, or rented?

39: If yes, provide details?

40: Is the product currently under contract?

41: Are there other sizes of this product with unique Mfg #?

42: If yes, Please list the Mfr #'s?

43: Is this product available through our distributor?

44: Is this product or parts disposable?

45: Is it reusable?

46: What routine cleaning/decontamination will be required and by whom? Explain below if applicable

47: Will sterilization of this item or parts be required?