VVMC and FMC SURGERY AREA

NEW PRODUCT FORM

(Please Print)

APPLICATION FOR PRODUCT CONSIDERATION

Your Application will be reviewed by the OR-Product Evaluation Committee for processing who meet every TUESDAY. Approval must be given by OR-PEC. Product and equipment will not be purchased or trialed, prior to the committee's approval. Kathy Croy (928) 214-2840 Committee
MAKE sure you are registered in Vendormate: **https;//nahealth.vendormate.com**

In order for the OR-PEC to act on each application ALL supporting literature, including price list, common configuration for use, reimbursement CPT and DRG codes must be included with this form. Complete this form, send to fax (928) 214-3630 or email Kathy.croy@nahealth.com. For VVMC send it to Jerry Hadley at fax# (928) 639-6344 or email Jerry.Hadley@nahealth.com .

PRODUCT INFORMATION – *ONE ITEM PER REQUEST*

PRODUCT: Catalog#

Today's Date:

Requestor Name:

Phone:

Requesting Surgeon(s) or Specialty Area:

Needed By: (First get approval OR-PEC)

EACH PRICE:	Buy UOM:	Consign? YES / NO	Do you have contract with Amerinet? YES / NO	Does this Replace Existing Product? L# What Item? Mfgr# Price:

PRODUCT DESCRIPTION: (what is the justification cost/quality/clinical why we should bring this product in?)

(NOTE: What did we do before this product was introduced??? – Please note that in the description)

WHAT PROCEDURES USED IN?:

New Service/Procedure: ❑ No ❑ Yes
Is this a one-time use: ❑ No ❑ Yes

PRODUCT INFORMATION – *REP SECTION*

(Attach your Business Card, Price List and Reimbursement Codes) - Register at https://nahealth.vendormate.com

MANUFACTURER:	DIVISION:	Rep First Name:	Rep Last Name:	Phone#	Email Below:

Any Equipment / supplies needed? Special Storage?

Rep's Email:

What other Procedures/Departments can benefit from this product?

Have you talked to other physicians? Who?

Any Hospitals we can call?

Distribution Center locations?

What are the competing products?

Is this product FDA approved? ❑ Yes ❑ No If no, when?

Product Content? (circle one)
Latex Plastic PVC

Has your company reviewed our vendor policy?
❑ Yes ❑ No

Is Training required?
How provided?

INTERNAL INFORMATION – SPECIALITY LEADERS PLEASE FILL OUT

Lawson#	**Lawson Description**	**Speciality**	**Location**	**Par Lvl**	**PO#**	**PO DATE**

ROUTE	**OR-PEC Meeting (1)**	**Create PO (2)**	**Create L# (3)**	**CERNER ADD (4)**	**Add Guides (5)**	**Used Only**
Dates :	❑ Approved ❑ Denied					❑ FMC ❑ VVMC

ROUTE	**Inactivate Item#**	**Used Only**
		❑ FMC ❑ VVMC