

FORM A
STANDARDS COMMITTEE

Product / Equipment Standardization Form

****To be completed by Requestor/Manager***

Date: _____ Requesting Department: _____

Requestor: _____ Phone: _____

****To be completed by Requestor/Materials Management***

Is product on contract? Yes No

Product Name / Description: _____

Vendor / Supplier: _____ Vendor Price: _____

Vendor Catalogue Number: _____ Vendor Unit of Issue (each/case/box etc): _____

Reason for Request: _____

Request Action:

- New Product for Evaluation (by Whom: _____) Medical Device License (MDL#): _____
 New Product for Inventory (Required for Device Class >2)
 Change of Inventory Product
 Deletion of Inventory Product Device Class: _____
 New Product for Special Order (Request from Vendor or Health Canada website.)

Impact analysis (if any) of new product to be completed by Requestor:

1. Estimated weekly / Monthly Usage: _____

2. Beneficial features of this product: _____

3. Will this require departmental renovations? Yes No
 If yes, has Facilities Management approved and scheduled renovations? _____

4. Is this a latex free product? Yes No

5. Does purchase of this product impact on other services or products? Service Product
 Who / How? _____

Manager's Signature: _____ Date: _____

****To be completed by Materials Management***

****Complete this section only when product above is being deleted.***

If Product for Deletion:

Product being deleted: _____ Oracle Number: _____

Vendor / Supplier Product Number: _____

****To be completed and Reviewed by Standards Committee***

Committee Approval:

Date: _____

Approval: Yes No

Not Approved for Reason: _____

Contact Requestor: _____

Comment: _____