

New Product/Technology Assessment—Request form Surgery and Allied Services

Submit requests to _____ – Surgery Department					
Requestor		Pager		Date	
Product/ Technology		Manuf#		Vendor Contact	

Reason for the Request	<input type="checkbox"/> Improves Quality/Technology <input type="checkbox"/> Improves Efficiency <input type="checkbox"/> Improves Cost <input type="checkbox"/> Improves Safety	
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Product/Technology Description & Function

Please explain the improvements/benefits of product/technology and attach related literature.

What is the anticipated annual usage of this request? What procedure(s) will this product be used for?

What product or technology will/could the requested product or technology replace?

Product / Technology		Manuf # *optional		Vendor *optional	
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Will there be additional implementation costs, such as installation, cost of education, and impact on equipment, or additional space required? yes no If yes, please explain

Please define the qualifications needed by a physician to use this technology/product safely.

Conflict of Interest Statement

Departments/Physicians requesting products/technology must complete this conflict of interest statement. This information is shared with Committee members and is considered when discussing your request. A potential conflict of interest issue does not disqualify someone from requesting the product/technology. The committee recognizes that many departments and members of the Medical Staff have relationships with manufacturing companies. Physicians with expertise in this area have often received research grants or other support from companies. However, the committee feels it is important to disclose these relationships.

Does the Department (or you) have proprietary interest in the company from which your request is from? If yes, which company? yes no

Please check all that apply

- Own stock in the company (excluding mutual funds)
- Serve on the board of directors of the company
- Expect to (or currently receive) royalties form the company
- Other (explain)

Has the Department (or you) received any financial support from the company? If yes, which company? yes no

Please check all that apply

- Receiving funding for research
- Received support for presenting continuing education or other professional education supported by the company
- Received an educational grant
- Received travel support
- Other (i.e.: University of Illinois contractual agreement)

Signature of Requestor: _____

***** This form must be completely filled out. Failure to do so will delay your request(s). *****

Signature for Approval to Proceed with Request:

Department/Section Chair: _____

*****For Surgery Administrative use only*****

New Product/Technology Request Process:

Request Forwarded to Product Selection Team:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
Request Forwarded to Technology Assessment Committee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
Request Forwarded to Capital Fund Process:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
Request Forwarded to Drug Analysis Work Group:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	

Explanation

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