

# New Medical Technology Departmental Specific Form

Requesting Department	University    North    Germantown    South    Lebonheur	Date
Vendor	Rep	Phone #
Description of Product		
Is this an upgrade/replacement to an existing product?    Yes    No	Current Product Price	Current PI Number
What product	Proposed Product Price	
Current SAP# <small>Use Separate Sheet if Necessary</small>	Physician Requesting Product	Initiating DD

University		
Estimated Monthly Usage	Reviewed by	
Currently own older technology (if an upgrade/replacement)    Yes    No	Quantity Owned	
Size Needed	Full set of sizes needed    Yes    No	
	Comments	

North		
Estimated Monthly Usage	Reviewed by	
Currently own older technology (if an upgrade/replacement)    Yes    No	Quantity Owned	
Size Needed	Full set of sizes needed    Yes    No	
	Comments	

Germantown		
Estimated Monthly Usage	Reviewed by	
Currently own older technology (if an upgrade/replacement)    Yes    No	Quantity Owned	
Size Needed	Full set of sizes needed    Yes    No	
	Comments	

South		
Estimated Monthly Usage	Reviewed by	
Currently own older technology (if an upgrade/replacement)    Yes    No	Quantity Owned	
Size Needed	Full set of sizes needed    Yes    No	
	Comments	

Le Bonheur		
Estimated Monthly Usage	Reviewed by	
Currently own older technology (if an upgrade/replacement)    Yes    No	Quantity Owned	
Size Needed	Full set of sizes needed    Yes    No	
	Comments	

**Please complete appropriate section and return to initiating department director within 5 business days.**