Product / Equipment Assessment Form (MM31)
Guidelines for Completion

I Introduction

The Product / Equipment Assessment Form (MM 31) is a tracking tool to be used in conjunction with the Administrative Product Management Policy. The purpose of this form is to control the introduction of stock and non-stock products throughout the Lehigh Valley Health Network.

This form is used by departments that do not have a Product and/or Value Analysis Committee form for product requests. Clinical Product Management Committee does have a Product Request form which is also found on the Supply Chain Website under Contracting/CPMC.

Ask for assistance in obtaining information from Contracting and Purchasing Department and/or the vendor. Any form that is not complete will be returned.

II. Instructions for Clinical Staff

1. Section 1

- Requestor Information-complete all fields.
- Please ensure that your information is legible throughout the entire form.
- Emergent Request –

Definition- ***Emergent*** *is identified as a product not currently on the product formulary needed for a specific patient whose care might be compromised without the product*
Emergent products are ordered on a one-time basis only. To be added to the formulary, the item must pass through the product management process for approval.

2. Section 2

- To be completed in conjunction with assistance from vendor/manufacturer.
- All item names should reflect noun, adjective, and size as the description.

3. Section 3

- Complete all fields.
- All products introduced into LVHN must be identified as latex or latex free products.

4. Section 4

- List clinical requirements for new product. Why is it needed?
- If requested product is replacing an existing one, please indicate why this product is superior.
- Use additional paper, if needed to specify requirements.

5. Section 5

- Include all departments that would be impacted by this request
- Contact the three largest users and request approvals to move forward with the request.
- Ask for assistance in obtaining information from Contracting and Purchasing Department
- Please include any additional approvals (e.g. copy of emails)

6. Section 6

- Please refer to your department specific procedure to assign signature authority.
- As stated in the Administrative Product Management policy, the individual who holds the ultimate responsibility for a particular department's performance.
- Include the GL code that the product is to be assigned to.

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7. Section 7

- Complete information for where evaluation will take place
- Dates can be filled in later after they are mutually established

8. Section 8

- To be completed by staff or Committee performing final review of a formal evaluation.
- ***Evaluation*** *is* defined as the process of using value analysis and clinical outcomes to determine if an item will be added to the formulary.
- Section to be complete by staff completing evaluation and reporting results through department specific Product Management Committee and/or Clinical Product Management Committee
- Clinical Product Management Committee does have their own Product Request form

9. Section 9

- Financial Impact Calculator is completed by a member of Supply Chain Management Contracting Department

10. Additional Information

- Attach addition information such as product brochures, product studies, other supportive information, etc. if needed.
- **Please complete form in its entirety and FAX BOTH PAGES to the Contracting & Purchasing Department.**

Fax: 484-884-1495

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