

Fairview's new and replacement technology/test request form

Physician requestor(s)

Name Specialty Email/phone number

Name Specialty Email/phone number

Name Specialty Email/phone number

Anticipated use at which Fairview facility

Date of anticipated use

Conflict of interest statement

Fairview Health Services and Laboratory Technology Assessment Committee members recognize that physicians may have relationships with manufacturing companies. Any potential conflict of interest does not disqualify any physician from requesting a product for consideration. It is, nevertheless, critical for this committee to be aware if these relationships exist. Please answer the following questions around conflict of interest.

1. Do you (or your practice) have a proprietary interest in any of the companies or products for this review?

YES NO

2. Do you (or does your practice) receive financial support from any company or competing product company involved with this review? (examples of financial support may include CME, research funding, educational programs or consulting)

YES NO

Signature of physician requestor Date

Signature of Fairview VP site administration Date

Signature of department chair, if applicable Date

Product/Test Information

1. Purpose (briefly describe this product, i.e. emerging technology/regulatory, etc.)
2. Company information
3. Medical literature/journal articles (please attach literature)
4. Define improved outcomes/clinical benefits (improvements to patient care or research)
5. Describe practice changes (including the changes to physician practice patterns and other departments affected by new technology)
6. Alternatives to requested test/technology
7. Volume prediction (annual usage)
8. Cost of acquisition (if applicable)
9. Impact on cost per case (cost-benefit analysis)
10. Are there other costs for implementation? (Please include vendor contact information if you cannot complete this section)
 - a. Installation
 - b. Service agreements
 - c. Accessories
 - d. Staff education
 - e. Other equipment
 - f. Correlation studies
11. Reimbursement issues for Fairview hospitals
12. Credentialing/education requirements (for staff and/or physician training)
13. Date of FDA approval
14. Is this product for research?
 - a. If yes, please list the principal investigator
 - b. Study title
15. How did you find out about this product/test? (examples: prior experience, patient request, sales representative, conference)

Fairview physicians requesting a new test or technology are asked to complete this form for the Laboratory Technology Assessment Committee. They're told it will help prepare them for questions committee members may ask when the request comes up for review. They're also asked to prepare a five- to 10-minute presentation.