

**NEW PRODUCT EVALUATION SUBMISSION FORM**
PRODUCT INFORMATION (To be filled out by requester) **DATE: 11/15/19**

Product Name/Description:

Vendor Name: Sales Rep Name & #

Manufacturer: Item Number:

***Is this replacing an EXISTING PRODUCT***? Yes No

***Current Product – NKC ITEM*** #

***Reason for NEW PRODUCT/Notes:***

***Requested by:*** ***Phone #***

***E-mail address***: ***Department/Clinic***:

**SUPPLY CHAIN REVIEW** (To be validated by Buyer)

 ***Vendor:*** ***Vendor Item #***:

***Unit of Purchase:***  ***Unit Cost***:

***Current Product/Price: Cost Impact:***

**PRODUCT EVALUATION – COMMITTEE REVIEW AND DETERMINATION**

**Presentation Date: Presented by:**

**Evaluation Required? Yes No Evaluation Unit:**

**Evaluation Period (Start/End) *510K Needed: Yes NO***

***Evaluation Results
Evaluation Notes:***

 **Product: Stock Non Stock Date available in Supply Chain**

**Product Implementation/Start Date:**