New Item Requ

Please Complete and e-mail form to **support@salisbury**

All sections highligh

If no Budget holder/Divisional M

Any items relating to Medical Devices w

Justifica

Reason (One of the following must be selected)

Cost Saving	***No***
Standardisation	***YES***
Patient Specific	***No***
New / Change to Clinical Procedure	***No***
Product Trial	***No***
Product Change (e.g. replacing exisiting products)	***No***
Critical Clinical Requirement	***No***

General Comments

NB. If a cost pressure is anticipa

Current Supplier:	

Current Product Details

Product Code	***Description***

Requestor Name (Your Name)
Date Requested
Date the Item is required by
Ward/Department
Division
Add to Matman stock list (Inventory Management)
Department Cost Centre
Approved by Budget Holder
Budget holder's name

Please e-mail to: support@

You will receive a response to your request wi
If your request

NHS 75

Royal United Hospitals Bath
NHS Foundation Trust

Great Weste
NH

uest Form - Clinical and Non Clinical

foundationtrust-support.freshdesk.com using location/department as the email subject

nted in BLUE are mandatory, and must be completed

Management approval/ funding, this request will **NOT** be actioned

vill be sent to MDMS for approval - Salisbury NHS Foundation Trust Only

tion for Change *(must be completed)*

Comments including what has driven this requ
Please see General Comments
NB. Only to be used in exceptional circumstances and with MDMS supp

ted has that been agreed by Budget Holder and Finance.

	New Supplier:	
	New Product Details	
Current Unit Price	*Product Code*	*Description*

salisburyfoundationtrust-support.freshdesk.com

thin 2 working days however forms not completed fully will delay the process.
is urgent please call Ext: 01722 336262 Ext. 5762

ern Hospitals
IS Foundation Trust

NHS
Salisbury
NHS Foundation Trust

irement?:
port and approval

New Unit Price *(if known)*	***Estimated Annual Usage***

