

Approval Form for Purchase of New Ultrasound

This form is to be completed prior to the purchase of any new ultrasound equipment. After completion, this form is required to be submitted as an attachment to your purchase requisition and the vendor quotation. All appropriate approvals must be completed prior to a purchase order being issued.

Facility and Department: _____

Departmental VP: _____

Equipment being requested _____
(Manufacturer and Model)

Describe the reason for the request, who will be using it, and clinical necessity if the device is not a replacement for an existing device.

Cardiology and Radiology Ultrasounds

Is this equipment a health system standard? _____Yes _____No

If Yes skip to the end and obtain ISS Solutions approval.

If No you must obtain Clinical Technology Optimization and Standardization Committee (CTOSC) approval for an exception before proceeding.

All Other Ultrasounds

Including all Point-of-Care devices

Is this equipment a health system standard?
If Yes continue. If No you must obtain CTOSC approval for an exception before proceeding.

Will this device capture images? _____Yes _____No

If yes, into which Informatics System do you plan to archive ultrasound images?

Please indicate the system: PACS Xcelera Q-Path Other: _____

Into which Informatics System do you plan to enter an interpretation?

Please indicate the system: EPIC RIS Q-Path Other: _____

Will this device connect to the hospital network? _____Yes _____No

Does this device have wireless capabilities? _____Yes _____No

Will this device display, store, or transmit PHI? _____Yes _____No

If Yes, please check relevant PHI items below:

Do providers have appropriate credentialing privileges for Point-of-Care Ultrasound? _____Yes _____No

<input type="checkbox"/> Account Numbers	<input type="checkbox"/> Address Elements	<input type="checkbox"/> Any Unique ID	<input type="checkbox"/> Beneficiary #
<input type="checkbox"/> Biometric IDs	<input type="checkbox"/> Cert or License #	<input type="checkbox"/> Date Elements	<input type="checkbox"/> Device IDs / Serials
<input type="checkbox"/> Email Address	<input type="checkbox"/> Fax Numbers	<input type="checkbox"/> Full Face Photos	<input type="checkbox"/> IP Addresses
<input type="checkbox"/> Medical Record #	<input type="checkbox"/> Name Elements	<input type="checkbox"/> Social Security #	<input type="checkbox"/> Telephone Numbers
<input type="checkbox"/> Vehicle IDs	<input type="checkbox"/> Web URLs		

Approvals

		Date
System Clinical Ultrasound Director*	_____	_____
CTSOC**	_____	_____
ISS Solutions	_____	_____

* *For Point-of-Care devices only*

** *If CTOSC has granted an exception to the standard*