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

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

**Approvals**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>System Clinical Ultrasound Director*</td>
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<tr>
<td>CTSOC**</td>
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<td>ISS Solutions</td>
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*  For Point-of-Care devices only
** If CTOSC has granted an exception to the standard