



Please answer all questions listed below to receive an inventory service proposal:

Facility Name & # of beds: _____

Address: _____

City, State, Zip Code: _____

Name & Title: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Health System Affiliation: _____ GPO Affiliation: _____

Please select the type of inventory service needed:

Option A:

HISI will provide full service (includes performance of physical count & preparation of itemized reports) _____

Option B:

Hospital generates count sheets and HISI provides staff to perform the physical count only (no data entry) _____

When are the physical counts to be conducted (preferred date and time)? _____

Specify the departments to be inventoried & their estimated dollar sizes: _____

If OR is included indicate the number of surgical suites (differentiate inpatient & ambulatory) _____

Are Sterile Implant Trays to be opened and counted? _____

Is Consigned inventory included or excluded? _____

Note: All goods being excluded must be clearly labeled with a "Do Not Count" tag prior to the inventory date.

Will expired items be pulled and excluded or included in report? _____

Are you able to provide a contract price file to HISI in advance for the reports valuation? _____

Will the price file cross reference your item numbers (i.e. Lawson, MediTech or PMM)? _____

What is the expected turnaround time for reports (Excel spreadsheet or hard copy)?

OPTION B:

If HISI is being requested to perform a physical inventory utilizing the hospital's count sheets please provide the supplemental information requested below:

Provide sample count sheets for each department.

Fax sheets to 813-931-0590 or you may e-mail them to: mhorn@hisi.com

Sheets should be in physical location order (dept., room, aisle, row, bin) and indicate the manufacturer name, manufacturer catalog/model #, description and count unit of measure (i.e. case of 50, box of 10)

Estimate the total number of line items in each dept. to be inventoried: _____

Estimate the number of man-hours you believe it will take to complete the inventory _____

Indicate how items not listed on your sheets are to be handled (write-in procedure)

Please e-mail or fax the completed questionnaire to my attention at 813/931-0590 and I will send you a proposal for our services based on your physical inventory requirements.

Please contact me with any questions regarding this form or our service.

Thank you,

Melissa Horn
Hospital Inventories Specialists
800-284-7690 ext. 221
mhorn@hisi.com