

HEALTHCARE PURCHASING NEWS

People, Places, Processes & Products that Influence the Supply Chain

FREE SUBSCRIPTION APPLICATION

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4 Fill in below only if your company requires home delivery (but company address must be filled in above)

Home Address _____

City _____ State _____ Zip _____

5 Please check the one category that best describes your title:

- | | |
|---|--|
| <input type="checkbox"/> 1 VP/Director/Manager of Material | <input type="checkbox"/> 11 Other OR Personnel involved in Purchasing |
| <input type="checkbox"/> 2 Asst Material Mgr/Other Material Mgmt Personnel | <input type="checkbox"/> 12 VP Support Services |
| <input type="checkbox"/> 3 Chief Purchasing Director/Purchasing Manager | <input type="checkbox"/> 13 Hospital Administrator |
| <input type="checkbox"/> 4 Buyer/Purchasing Agent/Other Purchasing Personnel | <input type="checkbox"/> 14 CEO, CFO, COO |
| <input type="checkbox"/> 5 Central Service Director/Supervisor/Manager | <input type="checkbox"/> 15 Head Nurse/Director of Nursing |
| <input type="checkbox"/> 6 Other Central Service Personnel (Tech, Coord) | <input type="checkbox"/> 16 Medical Director |
| <input type="checkbox"/> 7 Infection Control Practitioner/Director/Supervisor | <input type="checkbox"/> 17 Nursing/Practitioner |
| <input type="checkbox"/> 8 OR Director/Manager/Supervisor | <input type="checkbox"/> 18 Consultant |
| <input type="checkbox"/> 9 Surgical Services Director/Manager/Supervisor | <input type="checkbox"/> 19 Value Analysis Coordinator |
| <input type="checkbox"/> 10 OR Material Manager | <input type="checkbox"/> 20 Professional Department Head |
| | <input type="checkbox"/> 21 Evaluation/Standardization & Safety Committee Member |
| | <input type="checkbox"/> 22 Contracts Director/Manager/Supervisor |
| | <input type="checkbox"/> 23 Clinical Educator |
| | <input type="checkbox"/> 24 Other (please specify) _____ |

YOU MAY ALSO SUBSCRIBE ONLINE AT
www.hpnonline.com

6 Please indicate type of Facility/Service/Firm: (please check only one)

- | | |
|--|---|
| <input type="checkbox"/> 1 Stand Alone Hospital (for-profit, non-profit, gov't) | <input type="checkbox"/> 7 Long-Term Care |
| <input type="checkbox"/> 2 Integrated Network (multiple hospitals & alternate sites) | <input type="checkbox"/> 8 Home Health Care |
| <input type="checkbox"/> 3 Hospital Group Purchasing Organization or Alliance | <input type="checkbox"/> 9 HMO/PPO |
| <input type="checkbox"/> 4 Multi-Hospital System Corp Headquarters | <input type="checkbox"/> 10 Insurance/Accounting/Investment/3rd Party Administrator |
| <input type="checkbox"/> 5 Government Purchasing Agencies | <input type="checkbox"/> 11 Distributor |
| <input type="checkbox"/> 6 Surgi-Center/Ambulatory Care Center | <input type="checkbox"/> 12 Manufacturer |
| | <input type="checkbox"/> 13 Other (please specify) _____ |

7 Number of Beds in your organization: (check one)

- | | | | |
|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> a 500-over | <input type="checkbox"/> c 300-399 | <input type="checkbox"/> e 100-199 | <input type="checkbox"/> g 26-49 |
| <input type="checkbox"/> b 400-499 | <input type="checkbox"/> d 200-299 | <input type="checkbox"/> f 50-99 | <input type="checkbox"/> h 0-25 |

8 Please check all areas for which you have purchasing involvement:

- | | |
|---|---|
| <input type="checkbox"/> 1 Operating Room Products & Equipment | <input type="checkbox"/> 3 Infection Control Products & Equipment |
| <input type="checkbox"/> 2 Central Service Products & Equipment | <input type="checkbox"/> 4 Monitoring & Diagnostic Equipment |
| | <input type="checkbox"/> 5 Business Equipment & Supplies |

9 Are you a member of a product evaluation committee?

Yes No

10 Which of the following products/services do you recommend, specify, or buy? (check all that apply)

INVENTORY CONTROL

- | | |
|---|--|
| <input type="checkbox"/> 100 Asset Management Products/Services | <input type="checkbox"/> 305 Endoscopy/Endoscopic Products |
| <input type="checkbox"/> 101 Bar Coding/RFID, RTLS & Labeling Systems | <input type="checkbox"/> 306 Gowns and Protective Wear |
| <input type="checkbox"/> 102 Cabinets | <input type="checkbox"/> 307 Instruments |
| <input type="checkbox"/> 103 Carts | <input type="checkbox"/> 308 Orthopedics |
| <input type="checkbox"/> 104 Computer Hardware | <input type="checkbox"/> 309 Scheduling Systems |
| <input type="checkbox"/> 105 Contract Management Systems | <input type="checkbox"/> 310 Surgical Gloves |
| <input type="checkbox"/> 106 File & Retrieval Systems | <input type="checkbox"/> 311 Surgical Lights, Lighting Systems |
| <input type="checkbox"/> 107 Forms | <input type="checkbox"/> 312 Tables and Stretchers |
| <input type="checkbox"/> 108 Handheld/Point-of-Use Products | <input type="checkbox"/> 313 Wound Care/Hypothermia Products |
| <input type="checkbox"/> 109 Instrument Tracking Systems | <input type="checkbox"/> 314 Other OR Products |
| <input type="checkbox"/> 110 Materials Management/Supply Chain Info Systems incl. ERP modules | |
| <input type="checkbox"/> 111 Printers/Scanners/Copiers/Multi-function | |
| <input type="checkbox"/> 112 Storage Systems | |
| <input type="checkbox"/> 113 Other Inventory Control Products | |

PATIENT CARE

- | | |
|---|---|
| <input type="checkbox"/> 200 Bariatric Specialty Equipment/Supplies | <input type="checkbox"/> 400 Air Purification Systems |
| <input type="checkbox"/> 201 Diagnostic Equipment | <input type="checkbox"/> 401 Cleaning Equipment & Supplies |
| <input type="checkbox"/> 202 ID/Security/Alert Systems | <input type="checkbox"/> 402 Disaster Preparedness Products |
| <input type="checkbox"/> 203 IV Systems/Syringes | <input type="checkbox"/> 403 Disinfectants & Sterilants |
| <input type="checkbox"/> 204 Linen | <input type="checkbox"/> 404 EtO Monitoring Devices |
| <input type="checkbox"/> 205 Patient Beds/Furniture | <input type="checkbox"/> 405 Gloves |
| <input type="checkbox"/> 206 Patient Transport/Lift Products | <input type="checkbox"/> 406 Hand Hygiene Products & Dispensers |
| <input type="checkbox"/> 207 Patient Warming/Positioning Products | <input type="checkbox"/> 407 Protective Wear |
| <input type="checkbox"/> 208 Respiratory Care & Monitoring | <input type="checkbox"/> 408 Sharps Safety Products |
| <input type="checkbox"/> 209 Scales | <input type="checkbox"/> 409 Sterilization Supplies & Equipment |
| <input type="checkbox"/> 210 Temperature/Blood Pressure Monitors | <input type="checkbox"/> 410 Sterilization Wraps & Containers |
| <input type="checkbox"/> 211 Wound Management/Bandages/Wraps | <input type="checkbox"/> 411 Other Infection Control Products |
| <input type="checkbox"/> 212 Other Patient Care Products | |

OPERATING ROOM

- | | |
|--|---|
| <input type="checkbox"/> 300 Cardiac Equipment & Supplies | <input type="checkbox"/> 500 Business Equipment & Supplies |
| <input type="checkbox"/> 301 Catheters/Needles | <input type="checkbox"/> 501 Communications Equipment |
| <input type="checkbox"/> 302 Critical Care | <input type="checkbox"/> 502 Environmental Services Products |
| <input type="checkbox"/> 303 Custom Procedure Trays/Kits/Packs | <input type="checkbox"/> 503 Facility Equipment & Maintenance |
| <input type="checkbox"/> 304 Drapes | <input type="checkbox"/> 504 Food & Dietary Supplements |
| | <input type="checkbox"/> 505 Food Service Equipment |
| | <input type="checkbox"/> 506 Imaging Supplies & Equipment |
| | <input type="checkbox"/> 507 Laundry Supplies & Equipment |
| | <input type="checkbox"/> 508 Shipping and Transportation |
| | <input type="checkbox"/> 509 Waste Management |
| | <input type="checkbox"/> 900 None of the above |