

HEALTHCARE PURCHASING NEWS

CLINICAL INTELLIGENCE FOR SUPPLY CHAIN LEADERSHIP

FREE SUBSCRIPTION APPLICATION

FAX Your Completed Application
(941) 927-9588

Please answer all questions, sign and date the card.
Incomplete forms cannot be processed.

1. I wish to receive/continue to receive a FREE subscription to HPN-Healthcare Purchasing News. Yes No

Sign here _____ Date _____

E-mail _____

To receive the HPN Daily Update Newsletter - include your email

2. Please indicate type of Facility/Service/Firm: (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/IDN (multiple hospitals & alternate sites) | <input type="checkbox"/> 8 Home Health Care |
| <input type="checkbox"/> 3. Hospital Group Purchasing Organization/Alliance | <input type="checkbox"/> 9 Group Practice/Clinic |
| <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 Consultant |
| <input type="checkbox"/> 14 Other (please specify) _____ | |

3. Please indicate your primary job function: (please check only one)

- | | |
|---|--|
| <input type="checkbox"/> 1 VP/Director/Manager of Material | <input type="checkbox"/> 13 Hospital Administrator |
| <input type="checkbox"/> 2 Asst Material Mgr/Other Material Mgmt | <input type="checkbox"/> 14 CEO, CFO, COO |
| <input type="checkbox"/> 3 Chief Purchasing Director/Purchasing Manager | <input type="checkbox"/> 15 Head Nurse/Director of Nursing |
| <input type="checkbox"/> 4 Buyer/Purchasing Agent/Other Purchasing Personnel | <input type="checkbox"/> 16 Medical Director |
| <input type="checkbox"/> 5 Central Service Director/Supervisor/Manager | <input type="checkbox"/> 17 Nursing/Practitioner |
| <input type="checkbox"/> 6 Other Central Service Personnel (Tech, Coord) | <input type="checkbox"/> 18 Consultant |
| <input type="checkbox"/> 7 Infection Control Practitioner/Director/Supervisor | <input type="checkbox"/> 19 Value Analysis Coordinator |
| <input type="checkbox"/> 8 OR Director/Manager/Supervisor | <input type="checkbox"/> 20 Professional Dept. Head |
| <input type="checkbox"/> 9 Surgical Services Director/Manager/Supervisor | <input type="checkbox"/> 21 Evaluation/Standardization & Safety Committee Member |
| <input type="checkbox"/> 10 OR Material Manager | <input type="checkbox"/> 22 Contracts Director/Manager/Supervisor |
| <input type="checkbox"/> 11 Other OR Personnel involved in Purchasing | <input type="checkbox"/> 23 Clinical Educator |
| <input type="checkbox"/> 12 VP Support Services | <input type="checkbox"/> 24 MMIS manager/Materials IT System Manager |
| | <input type="checkbox"/> 25 Environmental Services Manager |
| <input type="checkbox"/> 26 Other (please specify) _____ | |

4. Number of Beds in your organization: (please check only 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 |

5. Please check all areas for which you have purchasing/evaluation involvement:

- | | |
|--|---|
| <input type="checkbox"/> 1 Operating Room Products & Equipment | <input type="checkbox"/> 4 Monitoring & Diagnostic Equipment |
| <input type="checkbox"/> 2 Central Service Products & Equipment | <input type="checkbox"/> 5 Business Equipment & Supplies |
| <input type="checkbox"/> 3 Infection Prevention Products & Equipment | <input type="checkbox"/> 6 Environmental Products & Equipment |

6. Are you a member of a product evaluation committee? Yes No

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

INVENTORY CONTROL

- 100 Asset Management Products/Services
- 101 Bar Coding/RFID, RTLS & Labeling Systems
- 102 Cabinets
- 103 Carts
- 104 Computer Hardware
- 105 Contract Management Systems
- 106 File & Retrieval Systems
- 107 Forms
- 108 Handheld/Point-of-Use Products
- 109 Instrument Tracking Systems
- 110 Materials Management/Supply Chain Info Systems incl. ERP modules
- 111 Printers/Scanners/Copiers/Multi-function
- 112 Storage Systems
- 113 Other Inventory Control Products

PATIENT CARE

- 200 Bariatric Specialty Equipment/ Supplies
- 201 Diagnostic Equipment
- 202 ID/Security/Alert Systems
- 203 IV Systems/Syringes
- 204 Linen
- 205 Patient Beds/Furniture
- 206 Patient Transport/Lift Products
- 207 Patient Warming/ Positioning Products
- 208 Respiratory Care & Monitoring
- 209 Scales
- 210 Temperature/Blood Pressure Monitors
- 211 Wound Management/Bandages/Wraps
- 212 Other Patient Care Products

OPERATING ROOM

- 300 Cardiac Equipment & Supplies
- 301 Catheters/Needles
- 302 Critical Care
- 303 Custom Procedure Trays/Kits/Packs
- 304 Drapes
- 305 Endoscopy/Endoscopic Products

- 306 Gowns
- 307 Instruments
- 308 Orthopedics
- 309 Scheduling Systems
- 310 Surgical Gloves
- 311 Surgical Lights,Lighting Systems
- 312 Tables and Stretchers
- 313 Wound Care/Hypothermia Products
- 314 OR Monitors/Displays
- 315 Other OR Products

INFECTION PREVENTION

- 400 Air Purification Systems
- 401 Cleaning Equipment & Supplies
- 402 Disaster Preparedness Products
- 403 Disinfectants & Sterilants
- 404 EtO Monitoring Devices
- 405 Gloves
- 406 Hand Hygiene Products & Dispensers
- 407 Protective Wear
- 408 Sharps Safety Products
- 409 Sterilization Supplies & Equipment
- 410 Sterilization Wraps & Containers
- 412 Room Decontamination
- 411 Other Infection Control Products

OTHER PURCHASING & SERVICES

- 500 Business Equipment & Supplies
- 501 Communications Equipment
- 502 Environmental Services Products
- 503 Facility Equipment & Maintenance
- 504 Food & Dietary Supplements
- 505 Food Service Equipment
- 506 Imaging Supplies & Equipment
- 507 Laundry Supplies & Equipment
- 508 Shipping and Transportation
- 509 Waste Management
- 900 None of the above

8. Check one: New Subscription Change of Address Renewal

Name _____

Title _____

M.S./Dept.# Bldg.# _____

Company _____

Co. Address _____

City _____

State _____

Zip _____

Business Phone () _____

Fax () _____

E-mail _____

Fill in below only if your company requires home delivery. Company address must be filled in above.

Other than subscription notices, would you like to receive special e-mail promotions for other products? Please check here. Yes No

Home Address _____

City _____

State _____ Zip _____

YOU MAY ALSO SUBSCRIBE ONLINE AT [HTTP://WWW.HPNONLINE.COM/SUBSCRIBE/SUBSCRIBE.HTML](http://www.hpnonline.com/subscribe/subscribe.html)