Justification for CC DCRI Clinical Device Request Form

USER INFORMATION

Name: _____IC or Department or Section: _____

Bldg/Room #:_____Office Phone Number: _____

POC: _____

This form is used for requesting a **new** CC DCRI Clinical Device to be placed in a secure area of your office or unit.

Select the Device you are requesting:

- ☐ Barcode Cart WOW (Workstation on Wheel)
- ☐ LIS Scanner\Cradle
- ☐ LIS Zebra Printer
- ☐ Big Zebra Label Printer
- ☐ Wristband Printer
- ☐ SCM\CRIS report Printer
- ☐ Patient Location Tracking (PLT) CPU with scanner
- ☐ Thin Client with Monitor
- ☐ Zebra Phone Touch computer
- ☐ Tablet\iPad
- ☐ Teguar All-in-One Touchscreeen
- ☐ Patient KIOSK with Monitor

JUSTIFICATION: I am submitting this request because my job responsibilities require me to:

_____

_____

_____

Date needed: _____ Please submit request 10 days prior to date needed.

☐ Indefinite ☐ Intermittent Project Work ☐ Other (specify)_____

After this request is approved, a ticket will be submitted to the Specialized Project Team. A survey will be conducted to measure IT satisfactory and patient privacy.

SIGNATURES

_____ _____

Signature (requestor) Date

_____ _____

Immediate Supervisor Date

DECISION

☐ Approved	☐ Disapproved

Comments:_____

_____ _____

Deputy CIO Date