



GREATER LANSING

Forms Committee Date:

Barcode Assignment

- NEW FORM (ATTACH DRAFT)
- REVISION OF OLD FORMS

**JUSTIFICATION
FOR NEW OR MODIFIED FORMS
(ONE FORM PER REQUEST)**

PRINT CLEARLY

GENERAL INFORMATION					
REQUEST DATE	REQUESTING DEPT	REQUESTED BY	PH#	COST CENTER	
EST. MONTHLY USAGE		FORM NO.(S)	FORM NAME(S)		
FORM NAME(S) AND NUMBERS THAT ARE BEING REPLACED (INCLUDE SAMPLES IF AVAILABLE)					

SPECIFIC INFORMATION
PURPOSE OF NEW AND/OR REVISED FORM

CHECK AREAS: ED IP UNITS OP UNITS

WHICH UNITS/DEPARTMENTS UTILIZE THIS FORM? WHERE SHOULD FORMS BE SENT? (CHECK)

- | | | | | |
|------------------------------|------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> ICU | <input type="checkbox"/> 9E | <input type="checkbox"/> OR | <input type="checkbox"/> SPECIAL STUDIES | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> 5W | <input type="checkbox"/> ENDOSCOPY | <input type="checkbox"/> PACU | <input type="checkbox"/> CARDIAC SERVICES | _____ |
| <input type="checkbox"/> 6E | <input type="checkbox"/> ED | <input type="checkbox"/> SDS | <input type="checkbox"/> GEROPSYCH | _____ |
| <input type="checkbox"/> 7W | <input type="checkbox"/> POV | <input type="checkbox"/> PERFUSIONS SERVICES | <input type="checkbox"/> HEMODIALYSIS | |
| <input type="checkbox"/> 7E | <input type="checkbox"/> SPD | <input type="checkbox"/> PEDS | <input type="checkbox"/> OB | |
| <input type="checkbox"/> 8E | | | | |

HAVE THESE DEPARTMENTS BEEN NOTIFIED OF PROPOSED CHANGES YES NO

DOES PHYSICIAN DOCUMENT ON THIS FORM <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THIS FORM BE PART OF THE MEDICAL RECORDS <input type="checkbox"/> YES <input type="checkbox"/> NO
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DEPARTMENT/COMMITTEE APPROVAL(S)		ATTACH COMMITTEE MINUTES
REQUESTING DEPARTMENT	PROFESSIONAL STAFF DEPARTMENT	
APPROVED DEPT. MANAGER/DIRECTOR _____ DATE _____	APPROVED DEPT. MANAGER/DIRECTOR _____ DATE _____	
OTHER IMPACTED DEPARTMENT/COMMITTEE		
APPROVED DEPT. MANAGER/DIRECTOR _____ DATE _____	APPROVED DEPT. MANAGER/DIRECTOR _____ DATE _____	

REQUESTED TO FILL OUT – PRINTING SPECIFICATIONS

- PAPER
- PRINT ONE SIDE PRINT TWO SIDES HEAD TO HEAD HEAD TO FOOT CARBONLESS: YES NO
- PUNCHED 2 HOLES TOP 3 HOLES TOP 5 HOLES TOP 3 HOLES SIDE 2 PART (WHITE-YELLOW)
- OTHER _____ 3 PART (WHITE-YELLOW-PINK))

PRINT SHOP TO FILL OUT

- INVENTORY NON-INVENTORY STANDARD REGISTER PRINT SHOP

FORMS JUSTIFICATION