

RDHS/ Director/Medical Superintendent  
 ..... (Name of the Institution)

To  
 Director  
 Medical Supplies Division

**Government Medical Institutional Suggestions for the Formulary Revision Surgical**

Following issues were identified in the current formulary list of surgical Items which are subjected to further considerations.

01	<b>Suggestions on Slow Moving /Low Demanding Items</b>	<b>Availability</b> NO <input type="checkbox"/> Yes <input type="checkbox"/> If it is “yes” please provide the relevant details mentioned in below table				
		SR No	Item Name	Reason for the observation	Alternatives if available	Name & designation of Suggested person
02	<b>Suggestions on Obsolete Items</b>	<b>Availability</b> NO <input type="checkbox"/> Yes <input type="checkbox"/> If it is “yes” please provide the relevant details mentioned in below table				
		SR No	Item Name	Reason for the observation	Alternatives if available	Name & designation of Suggested person

03	<b>Suggestion for New items need to be Included to the formulary</b>	Please request new items <b>only it has a significant requirement</b> and enter <b>all</b> requested details in the following format.(Request must be made by a consultant and incomplete forms will not be considered)			
Specification of suggested Item	Item Name (Generic Name )				
	Size (all related dimension)				
	Material (if relevant eg: silicon)				
	Single use/reusable				
	Consumable/Non consumable				
Usage	Indication				
	Proposed Indication				
X	Surgical items currently used for above indication		which items in the surgical formulary can be replaced by above new items (if available)		
Justification for requesting above non formulary item with summary Evidence					
Estimation	Estimated Monthly Consumption		Unit Price (LKR)		
Other relevant details	Available in Private Market- Yes <input type="checkbox"/> No <input type="checkbox"/> NMRA Registration – Yes <input type="checkbox"/> No <input type="checkbox"/> Not aware <input type="checkbox"/>				
	Name of Manufacture/supplier		Brand Name		
Details of Requested Consultant	Name and designation of the consultant -				
	Contact No -	Email correspondence -			
	Signature & frank of the consultant:			Date:	

No of New Item Requests (section 03) : .....are attached/Not attached

04	<b>Suggestion on Item Level Changes ( Level 1,2,3,4,5)</b>	<b>Need to change</b> <b>NO</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> If it is "yes" please provide the relevant details mentioned in below table				
		SR NO	Item Name	Suggested changes	Justification for suggestions	Name & designation of Suggested person
05	<b>Any Other Observation/ Suggestions/ comments</b>					

The above suggestions/comments identified by our institution are forwarded to refer to the relevant formulary revision committee.

.....  
 Chief Pharmacist/Divisional pharmacist  
 Name:  
 Date  
 Contact No:  
 E-mail:

.....  
 Head of the Institution (signature with frank)  
 Date: