

UPSTATE

UNIVERSITY HOSPITAL

Clinical Justification

Please attach additional pages if necessary

Please describe the product(s)/system and its clinical use.

How is this product clinically advantageous over similar items used or available?

What clinical benefits does this product(s)/system provide the patient and/or hospital (higher turnover, training, familiarity, shorter hospital stay, fewer return visits, etc.)

Name and titles of physician who use the product(s)/system:

Name and title of clinician completing the form and date completed: