

MEDCASE PROGRAM REQUIREMENT For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG			1. DATE (YYYYMMDD)	
2. ACTIVITY (Name and Address)		3. FROM (Div, Dept or Svc)		4. ASSET CONTROL NUMBER
5. TDA-UIC		6. HAND RECEIPT CODE		7. BUDGET LINE ITEM CODE
8. REQUIREMENT SUBMISSION <input type="checkbox"/> NEW (1 st Submission) <input type="checkbox"/> RE-SUBMISSION		9. POINT OF CONTACT		10. PHONE NUMBER
11. STANDARD ITEM DESCRIPTION OR GENERIC NOMENCLATURE (See SB 8-75 MEDCASE)				
12. EXTENDED/SYSTEM DESCRIPTION			13. QUANTITY	14. UNIT PRICE
15. JUSTIFICATION				
15a. HOW IS THE FUNCTION NOW BEING ACCOMPLISHED?				
15b. WHY IS THIS EQUIPMENT REQUIRED? (Workload data, new technology, cost reduction, maintenance costs, equipment down time or nonavailability, obsolescence of current methods, etc.)				
15c. IMPACT IF EQUIPMENT IS NOT PROVIDED				
16. ARE PERSONNEL ASSIGNED AND TRAINED TO OPERATE EQUIPMENT? (If No, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO				
17. SPECIAL EQUIPMENT CATEGORY <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC NF)</div> <div style="width: 50%;"><input type="checkbox"/> CLINICAL INVESTIGATION PROGRAM (BLIC CF)</div> <div style="width: 50%;"><input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC MB)</div> <div style="width: 50%;"><input type="checkbox"/> POLLUTION CONTROL PROGRAM (BLIC PC)</div> <div style="width: 100%;"><input type="checkbox"/> DRUG ABUSE/CONTROL PROGRAM (BLIC DA)</div> <div style="width: 100%;"><input type="checkbox"/> REPLACE, MODERNIZE, OR ACQUIRE EQUIPMENT FOR EXISTING FACILITY (BLIC UR)</div> <div style="width: 33%;"><input type="checkbox"/> REPLACEMENT NORMAL</div> <div style="width: 33%;"><input type="checkbox"/> REPLACEMENT ACCELERATED</div> <div style="width: 33%;"><input type="checkbox"/> NEW MISSION</div> <div style="width: 33%;"><input type="checkbox"/> MODERNIZATION</div> <div style="width: 25%;"><input type="checkbox"/> OTHER</div> <div style="width: 25%;"><input type="checkbox"/> UPGRADE</div> <div style="width: 25%;"><input type="checkbox"/> EXCESS</div> <div style="width: 25%;"><input type="checkbox"/> LEASE</div> </div>				
18. ITEM BEING REPLACED? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. NSN/MCN	20. MMCN	21. SERIAL NUMBER
22. MODEL NUMBER		23. LOCATION		24. DISPOSITION <input type="checkbox"/> RETAIN AS BACK-UP <input type="checkbox"/> TURN IN AS EXCESS <input type="checkbox"/> TRADE-IN
25. I CERTIFY THE INFORMATION ON THIS PAGE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
25a. TYPED NAME AND TITLE OF REQUESTOR			25b. SIGNATURE	
26. THIS EQUIPMENT IS NECESSARY FOR THE ACCOMPLISHMENT OF THIS ACTIVITY'S MISSION.				
26a. TYPED NAME AND TITLE OF CHIEF OF DIV/DEPT/SVC			26b. SIGNATURE	