

## STANDARDIZATION OF SUPPLIES AND EQUIPMENT PROCEDURES

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook establishes procedures for the national standardization of supplies and equipment utilized in VHA.
- 2. SUMMARY OF MAJOR CHANGES:** It is VHA policy to standardize to the maximum extent possible the types and categories of supplies and equipment VHA purchases, consistent with patient care and practitioner needs. Standardization is expected to facilitate best-value product pricing through volume purchasing and facilitate the delivery of high-quality health care. This revised VHA Handbook provides detailed guidance delineating the responsibilities of the Standardization User Groups.
- 3. RELATED ISSUE:** VHA Directive 1761.1.
- 4. RESPONSIBLE OFFICE:** The VHA Office of Clinical Logistics (10F) is responsible for the contents of this Handbook. Questions may be referred to (202) 273-8366 or 273-5257.
- 5. RESCISSIONS:** VHA Handbook 1761.1 Standardization of Supplies of Equipment, dated January 26, 2001, is rescinded.
- 6. RECERTIFICATION:** This Handbook will be re-certified on or before the last working day of July 2008.

S/ Nevin M. Weaver for  
Robert H. Roswell, M.D.  
Under Secretary for Health

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## STANDARDIZATION OF SUPPLIES AND EQUIPMENT PROCEDURES

### 1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedural guidelines and processes specific to the implementation of the VHA National Standardization Program. It details specific processes and provides forms to accomplish standardization goals in an orderly and consistent manner.

### 2. SCOPE

a. In accordance with VHA Directive 1761.1, VHA must standardize the types and categories of the supplies and equipment it purchases to the maximum extent possible consistent with patient care and practitioner needs. The types of items considered for national standardization are specifically those which are not limited by geographic differences in availability and for which technology on the products is developed to the extent that dramatic changes are unlikely to occur within a 1-year period. *NOTE: Nothing herein prevents small businesses from participating in this process or providing supplies and equipment purchased.*

b. Standardizing items establishes a single standard of care for veterans across the system. Deviations are not allowed except upon submission and approval of a written Request for Waiver (see par. 10).

c. VHA standardized items are mandatory for use by all VHA activities, and consequently compliance with this Handbook is mandatory.

d. Small businesses are to participate in standardization activities to the maximum extent possible.

*NOTE: Standardization facilitates the delivery of high-quality health care and best-value product pricing through volume purchasing.*

### 3. ROLE OF THE STANDARDIZATION USER GROUP

The Standardization User Group is responsible for:

(1) Reviewing procurement history of all supplies and products currently purchased throughout VHA.

(2) Identifying products for standardization.

(3) Identifying Patient Care Services field staff membership required to serve on the more narrowly focused user-based groups for all products identified for standardization, including those that may have cross-clinical functionalities.

(4) Reviewing, investigating and making recommendations for all waivers and Quality Improvement Reports (QIRs) received from field facilities to the VHA Chief Logistics Officer (CLO).

(5) Working collaboratively with representatives from both Prosthetics and Pharmacy Services and maintaining a working knowledge of the product standardization efforts of each.

b. **Group Chairperson.** The Group Chairperson submits a comprehensive plan for the fiscal year. This plan must be submitted to the VHA Office of Logistics Office (10F) by September 1 of each year.

(1) The plan must be approved by the Deputy Under Secretary for Health (10A).

(2) In the event that it becomes necessary to conduct the standardization process meetings at a location other than the National Acquisition Center (NAC), the VHA CLO and Deputy Assistant Secretary (DAS) for the Office of Acquisition and Materiel Management (OA&MM) collaboratively determine the appropriate contracting office for the prospective user group.

(3) All plans and meeting minutes are to be widely disseminated by the VHA Office of Clinical Logistics (10F) to ensure global inclusion in the standardization process, as well as to provide a vehicle for the sharing of observations, views, and process improvement initiatives.

#### 4. CONSULTANTS TO THE USER GROUP

a. **Technical and/or Clinical Consultants.** Technical and/or Clinical Consultants provide technical and/or clinical contributions related to specific products and processes pertinent to the respective field of expertise, in order to create best value, maximize quality of patient care, and assure optimal use of products.

b. **Contracting Officer.** The Contracting Officer provides User Groups with the information and guidance relevant to procurement regulations, policies, and procedures for consideration by the user group during the standardization process. In addition, the Contracting Officer facilitates the selection of the appropriate acquisition strategy for products designated for national standardization.

c. **Centralized Acquisition Analysis Division (CAAD) (049A5S).** CADD is responsible for:

(1) Querying existing procurement history (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement (IFCAP) and other available vendor information) and developing appropriate analyses and reports that support standardization and procurement decisions. Additionally, the office obtains product samples and information to facilitate clinical end user evaluations and/or appraisals for product standardization. CAAD (049A5S) maintains a repository of product information evaluated by User Groups, and develops cost-benefit analyses to support procurement decisions for specific standardized products.

(2) **Item Management Representatives.** OA&MM CAAD (049A5S) and/or Item Management (93C/901S) staff research existing procurement history (IFCAP and other available vendor information) and develop appropriate analyses and reports to support standardization and procurement decisions. In addition, OA&MM CAAD (049A5S) staff obtains product samples and information to facilitate clinical end user evaluations and/or appraisals for product standardization. A repository of product information evaluated during the User Group evaluation process is maintained by Item Management (93C/901S). Cost-benefit analyses are

developed by Item Management (93C/901S) to support procurement decisions for specific standardized products.

## 5. USER GROUPS

### a. **Types of Product Specific (Narrowly-Focused) Standardization User Groups.**

Product Specific (narrowly-focused) Standardization User Groups facilitate the standardization of high-quality health care products according to specific product lines as deemed appropriate by the Standardization Steering Committee.

#### (1) **Generic Medical and Surgical User Groups.** These groups include:

(a) Medical-Surgical User Group. The Medical-Surgical User Group deals with the standardization of generic medical and surgical supplies used in patient care areas (wards and clinics).

(b) Dental User Group. The Dental User Group deals with the standardization of routine generic dental supplies.

(c) Nutrition User Group. The Nutrition User Group deals with the standardization of generic food services supplies.

(d) Laboratory User Group. The Laboratory User Group deals with the standardization of generic pathology and laboratory supplies.

(e) Engineering User Group. The Engineering User Group deals with the standardization of generic engineering supplies and equipment.

#### (2) **Standardization Product Lines.** These groups include:

(a) Wound Care User Group. The Wound Care User Group deals with the standardization of wound and/or skin care supplies.

(b) Department of Veterans Affairs (VA)-Department of Defense (DOD) User Group. The VA-DOD User Group deals with the joint standardization of medical/surgical supplies and equipment.

(c) Laboratory User Group. The Laboratory User Group deals with the standardization of routine laboratory supplies and equipment.

(d) Imaging User Group. The Imaging User Group deals with the standardization of supplies and equipment specific imaging services.

(e) Anesthesia User Group. The Anesthesia User Group deals with the standardization of supplies and equipment specific to anesthesiology.

(f) Surgery User Group. The Surgery User Group deals with the standardization of surgical supplies and equipment.

(g) Medicine User Group. The Medicine User Group deals with the standardization of supplies and equipment specific medical services.

(h) Environmental User Group. The Environmental User Group deals with the standardization of supplies and equipment specific to Environmental Management Service (EMS).

(i) Office Supplies User Group. The Office Supplies User Group deals with the standardization of office supplies and equipment.

(j) Medical-Surgical User Group. The Medical-Surgical User Group deals with the standardization of generic medical and surgical supplies.

b. **Membership**

(1) **Chairperson**. The Chairperson is responsible for:

(a) Conducting meetings,

(b) Preparing meeting agenda,

(c) Ensuring that all appropriate users are represented for items pertinent to specific service lines, and

(d) Coordinating and reviewing minutes with user group members and consultants prior to forwarding to VHA Office of Logistics (10F).

(2) **Members**. Members are responsible for maintaining a knowledge base of new products as well as changes and technological advances within the area of clinical expertise. In addition, they are to:

(a) Attend all scheduled meetings and conference calls;

(b) Actively participate in conducting product evaluations;

(c) Research and recommend products for standardization;

(d) Serve as liaison to colleagues in the Veterans Integrated Service Network (VISN) and other field staff; and

(e) Collaborate with clinicians and other colleagues at multiple facilities of varying complexity, prior to final committee action, for the purpose of dissemination and feedback of information.

(3) **Voting Members**. Only voting members may cast votes during the standardization process.

c. **Objectives**. User Groups objectives are to develop criteria for evaluation, evaluate products, and make recommendations to the VHA CLO and Chief Patient Care Services Officer (11). User Groups may also be required to review and investigate VHA Form 10- 0384a,

Product Waivers and Quality Improvement Reports (QIRs), in order to provide recommended resolutions to the CLO and the Acquisition Board. The Contracting Officer must be notified to take appropriate action on all quality problems determined to have widespread implications.

## 6. PROGRAM STRUCTURE

### a. Location of Meetings

(1) Meetings are held both on location and virtually whenever feasible. However, unless determined by the chairperson (in collaboration with the Director of National Standardization) that an alternate location would be justifiably beneficial to the group on specific occasions, meetings are most often held at the VA Medical Center Campus Hines, IL, NAC.

(2) The NAC has been determined the most appropriate meeting center for the following reasons:

- (a) Facilitates shipping and receipting of products for evaluation,
- (b) Easy accessibility to resource catalogs,
- (c) Location of Item Management staff,
- (d) Reasonable hotel rates,
- (e) Economical air fare, and
- (f) Central location.

*NOTE: A designated meeting room must be available for User Group meetings with computer and Internet access, photocopier, and phones.*

*NOTE: As an exception, Nutrition and Food User Group meetings are to be conducted at a location designated by the chairperson, based on requirement for accessibility to kitchen facilities for preparation and tasting of foods.*

b. Frequency of Meetings. Meetings are to be held quarterly and are determined based on workload. The chairperson must present a written proposal inclusive of meeting dates to the VHA CLO and the Nurse Executive for Clinical Standardization.

c. Work Plan. A comprehensive annual plan for the fiscal year is to be submitted by the User Group chairperson to the VHA Office of Logistics (10F) no later than the September 1 of each year. This annual work plan must be approved by the VHA CLO (10F). Specific products designated for review are listed by the proposed User Group meeting date and assigned to a specific Contracting Officer. The Contracting Officer for each targeted standardized commodity group is determined by the VHA CLO and the Deputy Assistant Secretary for OA&MM. All plans and meeting minutes are widely disseminated by the VHA Office of Logistics (10F) to ensure that a global perspective is communicated and opportunity for feedback is provided throughout the standardization process. At the end of each fiscal year, group accomplishments are reported to the VHA CLO and the Director of Standardization by the User Group

Chairperson. Accomplishments to be reported include the number of meetings conducted, the items standardized, and the estimated total cost avoidance.

*NOTE: The work plan must be formulated so that similar items are grouped and reviewed at the same meeting.*

d. **Charter.** Charters are to be prepared for each User Group by the Office of Logistics (10F) and submitted to the VHA CLO for approval. The charter must include:

- (1) Purpose,
- (2) Scope,
- (3) Roles and responsibilities, and
- (4) Objectives. *NOTE: The charter must be updated as necessary.*

e. **Meeting Minutes.** Minutes must be documented at all meetings and a draft copy prepared prior to completion of the meeting. Minutes are prepared in accordance with Appendix A and electronically submitted to the VHA Office of Logistics (10 F) within 2 weeks following the meeting. The VHA Office of Logistics (10F) distributes the minutes electronically to the VISN CLOs for review and comment within 10 days of the Chairperson's approval of the final minutes. The VISN CLO must ensure that copies of the minutes are disseminated among the appropriate staff at each facility and that facility staff are afforded adequate time for submission of comments. Concurrently, the VHA Office of Clinical Logistics (10F) forwards a copy of the approved minutes to the Office of Small and Disadvantaged Business Utilization (OSDBU). At the end of the 10-day period, the VHA Office of Clinical Logistics (10F) consolidates comments from the VISN CLOs and OSDBU, and forwards this version to the appropriate VHA Central Office Chief Officer for review and comment (see App. B). After 14 days, final comments are consolidated and forwarded to the User Group Chairperson for action. Those items that require further action by the User Group are to be addressed at the next scheduled meeting or via conference call.

## 7. PROCUREMENT ACTIONS

Upon completion of the 10-day review of user group meeting minutes, the VHA Office of Logistics (10F) transmits the collective comments back to the User Group. The User Group subsequently submits the final meeting minutes to the CAAD (049A5S) staff or Item Management (93C/90IS) for initiation of a procurement request. Procurement must be completed by one of the following methods:

a. **Blanket Purchase Agreements (BPAs) or Blanket Ordering Agreements.** CAAD (049A5S) and/or Item Management (93C/90IS) staff must prepare a Procurement Request for all products approved by the User Groups for standardization that are available on the Federal Supply Schedule (FSS) or other Government contracts.

- (1) The Procurement Request includes:
  - (a) Product characteristics,

- (b) Product descriptions and numbers,
- (c) Estimated volume, and
- (d) Manufacturers of products approved for competition.

(2) The request is submitted to the VHA Office of Logistics (10F) It is subsequently forwarded to the Contracting Officer for action, and to the VISN CLOs and OSDDBU for review and advice regarding current pricing structures within the VISNs.

(3) VISN CLOs and OSDDBU must respond to the VHA Office of Clinical Logistics (10F) within 14 calendar days after receipt of the request. **NOTE:** *All current VISN-level contracts for products under consideration need to be included in the forwarded comments. The comments received are utilized to facilitate the negotiation of the new agreement.*

b. **Competitive Solicitations.** CAAD (049A5S) staff prepares a Procurement Request for all products approved for standardization that are not available on FSS or other Government contracts to initiate a competitive solicitation for a national contract. The Procurement Request information is based on specifications developed by the User Group and included in the meeting minutes. The request must be submitted to the VHA Office of Logistics (10F) and currently forwarded to the Contracting Officer for action and to the CLOs and OSDDBU for review.

**NOTE:** *All VISN-level BPAs and contracts must contain an escape clause stipulating that award of nationally standardized items must take precedence over the same or similar items standardized on a VISN-basis. The VHA Office of Logistics (10F) consolidates and forwards data to the CAAD (049A5S) and/or Item Management Divisions (93C/90IS) for cost analysis purposes to assist the Contracting Officer in negotiations. Current pricing levels will be the ceiling prices available for negotiation. Committed volumes provide significant additional discounts.*

c. **Partnership with Prime Vendor.** The Subsistence Prime Vendor contract includes a specific process for standardizing subsistence products, and does not require the normal BPA or competitive solicitation process. Award of standardized subsistence items must be accomplished in accordance with the Prime Vendor contract. In addition, standardized subsistence products are exempt from the requirements stated in paragraphs 10, 11, and 12.

## 8. STANDARDIZATION AWARDS

When the designated Contracting Officer has awarded a standardization contract, the award information is merged with the standardized IFCAP Naming Standards generated by OA&MM CAAD (049A5S) staff, and/or Item Management (93C/90IS) (with the exception of items specifically exempted in the VHA Inventory Management Program Handbook), and forwarded to the VHA Office of Logistics (10F). The VHA Office of Logistics forwards the award to VISN CLOs and who ensure that the information is disseminated to the field facilities. The date of the notice from the VHA Office of Logistics (10F) marks the beginning of a 90-day implementation period which includes loading award data into IFCAP, notifying local users of the award through the station Commodity Standards Committee or other established means, and processing any appropriate Requests for Waiver.

## 9. MAXIMUM USE OF DATA SYSTEMS

a. Maximum use of data systems throughout the standardization and procurement processes is essential in order to ensure that VHA:

- (1) Achieves the most money for veterans' health care,
- (2) Achieves the greatest value for dollars spent, and
- (3) Captures the best data in order to make good decisions.

b. This includes, at a minimum, the assignment of Item Master File numbers in IFCAP for all standardized items, and the use of the Item Master File naming standards included in all VHA official announcements of Standardization Awards (with the exception of those specifically exempted in VHA Handbook 1751.2, VHA Inventory Management Program).

c. Standardized items purchased under the Government Purchase Card Program must also use Item Master File numbers. In addition, Item Master File numbers are required for all recurring items deemed appropriate to include in an official inventory. This ensures the identification of unofficial inventory items for future standardization, as well as allowing for maximization of the automated features available in the Generic Inventory Package (GIP).

## 10. WAIVER PROCESS

a. **Submission.** The Request for Waiver is submitted to the VHA CLO (10F), through the VISN CLO, and must include specific clinical justification. Such justification takes into consideration the following:

- (1) The absolute minimum requirement of the commodity needed to provide for the patient's care using evidence-based methodology.
- (2) That which exceeds the minimum need, but incorporates technological advances to the basic item that ultimately provides increased efficiencies.
- (3) Technological additions such as mechanical "bells and whistles" that add no real value to the performance of safe, efficacious patient care.

b. **CLO.** The CLO, VHA Office of Logistics (10F) or designee, is authorized to approve requests for waivers to deviate from purchasing standardized products. VA Form 10-0384, VHA Standardization Request for Waiver (see App. C) must be used for all requests for waivers which are based on appropriate clinical rationale.

(1) As stipulated by VHA Directive 1761, single facility staff preference and the appearance of lower cost to a specific medical facility or VISN will not be considered as sufficient justification for deviating from the national supply source for standardized products.

(2) A waiver based upon clinical justification must indicate specific exceptions, i.e., a specific patient or group of patients with special needs, an employee with special needs or allergies, etc. For requirements not covered in the waiver, standardized items must be used.

(3) The Request for Waiver process needs to occur during the period of time allowed for conversion to the new standardized items, i.e., 90 days from the date of official Notice of Award by the VHA Clinical Logistics Office (10F).

*NOTE: One-time requests, or requests with very short duration requirements for individual patients that involve low dollar amounts, do not require a Request for Waiver form.*

c. **Steps for Processing Requests for Waivers**

(1) The user or Program Official must submit a completed VHA Form 10-0384 to their supervisor.

(2) The supervisor must concur, or not concur, sign and date the form, and forward it to the facility Logistics Manager.

(3) The Facility Logistics Manager reviews and documents recommendations in the designated block of VHA Form 10-0384, and sends it electronically to the VISN CLO, through the facility Chief of Staff and/or facility Director. *NOTE: It is expected that the facility Logistics Manager coordinate recommendations with the local Commodity Standards Committee.*

(4) The CLO must consult with the respective User Group, program official and/or Contracting Officer, and subsequently recommend and provide additional remarks for the VISN Director's consideration. The Waiver is subsequently forwarded to the VISN Director, through the VISN Clinical Manager.

(5) The VISN Clinical Manager reviews and recommends action to be taken. Then the VISN Director reviews and recommends action, and then returns the waiver to the VISN CLO for processing.

(6) The VISN CLO submits the recommended electronic waiver to the VHA Office of Clinical Logistics for action.

(7) The VHA Office of Logistics (10F) forwards the waiver to the Acquisition Board for review and recommendation of action. If the Standardization Group determines that the waiver has wider quality or safety implications, the Standardization Group requests that the VISN CLO submit a QIR for processing.

(8) Reports of waivers granted by the Acquisition Board are submitted to the VHA Office of Logistics (10F) quarterly.

d. **Monitoring Process.** The VHA CLO and Deputy Under Secretary for Health (10A) monitor waivers granted by the Acquisition Board and report quarterly to the Office of the Under Secretary for Health. VHA Form 10-0384b, VHA Standardization Report of Authorized Waivers (see App. D) must be used for this reporting purpose.

## 11. QUALITY IMPROVEMENT REPORT (QIR) PROCESS

Users who identify quality or safety issues concerning a standardized item will initiate a QIR on VHA Form 10-0384a, (see App. E), as follows:

*NOTE: This handbook does not supercede existing regulations and reporting requirements of the Food and Drug Administration (FDA) Safe Medical Devices Act.*

- a. The user must submit a completed VHA Form 10-0384a to their supervisor.
- b. The supervisor must concur, sign and date the form, and forward it to the facility Logistics Manager.
- c. The Facility Logistics Manager reviews complaints, contacts suppliers for clarification or corrective action, documents recommended action in the designated space on VA Form 10-0384a, and submits the QIR electronically to the VISN CLO, through the facility Chief of Staff and/or facility Director.
- d. In the event that local corrective action does not resolve the complaint, the VISN CLO recommends further action and submits the recommendation electronically to the VHA Office of Logistics (10F). If the documented intended use of this product is determined to present a safety issue or significant quality threat to patient care, the QIR serves as temporary approval for waiver and the VISN CLO notifies the facility.
- e. The VHA Office of Logistics (10F) assigns a Log number and concurrently sends the QIR electronically to the Standardization Group and responsible Contracting Officer.
- f. In the case of urgent or extreme circumstances the User Group chairperson consults with the Standardization Group and determines whether to immediately suspend use of the item. If there is a decision to suspend use of the item, the User Group chairperson contacts the Contracting Officer for immediate action.
- g. The Standardization Group, in conjunction with the responsible Contracting Officer (under normal circumstances) takes appropriate definitive action within 30 days of receipt of the complaint. If necessary, the User Group chairperson must schedule a conference call to review and act on the QIR in order to meet the 30-day time-line. The Office of Logistics must document the action in block #23 of VHA Form 10-0384a, and sign and date the form.
- h. The VHA CLO, or designee, disseminates copies of the signed QIR to VISN CLOs for further distribution to the field.

*NOTE: Data on the QIR form will accurately reflect how this item is not performing to the expected level based on clinical implications.*

## **12. COMPLIANCE TRACKING SYSTEM**

The VHA CLO and Deputy Under Secretary for Health monitor the standardization process and report quarterly to the Office of the Under Secretary for Health.

- a. To collect data necessary for developing this report, the Office of Logistics, OA&MM, and NAC staff have developed a vendor usage and costing report that the awarded contractors are required to complete on a quarterly basis.
- b. A comprehensive spreadsheet, developed and compiled by the VHA Office of Logistics (utilizing information gleaned from the centralized Procurement History File), is verified and

maintained by (10F). Therefore, it is imperative that local files are accurate and annotated with standardized nomenclature to ensure accurate reporting. The results of compliance reviews are shared with the appropriate OA&MM contracting office responsible for the commodity.

*NOTE: This report is intended to be a temporary requirement necessary only until all facilities are fully compliant in the use of Item Master File Numbers for all standardized items. As soon as the data derived from the Procurement History File coincides with the compliance tracking reports, this requirement will be formally deleted.*

### **13. SOCIO-ECONOMIC PARTNERSHIP**

a. In order to maximize VHA's partnership with OSDBU and continued support of the small business community while awarding best value contracts for standardized items, each proposed standardized procurement initiative must include a small business advocacy review and market research, as well as an assessment of small business potential.

b. Additionally, a concerted effort must be made to support partnerships with the Javits-Wagner-O'Day ( JWOD) activities and Department of Justice Federal Prison System (also known as UNICOR), when feasible.

**SAMPLE FORMAT FOR USER  
GROUP MEETING MINUTES**

**(NAME) USER GROUP  
(MEETING PLACE)  
(MEETING DATES)**

- 1. MEMBERS PRESENT:** (Include name, title, and station)
- 2. CONSULTANTS PRESENT:** (Include name, title, and station)
- 3. ABSENTEES:** (Include name, title, and station)
- 4. OLD BUSINESS**

- a.
  - (1)
  - (2)

- b.
  - (1)
  - (2)

**5. NEW BUSINESS**

- a. (This is the area in which Quality Improvement Reports (QIRs) needs to be addressed. When referencing QIRs, include the name of the item as described on the VA Form 10-0384b, VHA Standardization Report of Authorized Waivers, medical center, and date shown at top of form.)
- b. Other New Business.

**6. PRODUCTS**

- a. (Name of Product)

Discussion: (Explain reason for selection. Give very specific information about item.

Recommendation:

- b. (Name of Product)

Discussion:

Recommendation:

**FUTURE MEETING:**

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Signature of Chairperson  
Typed Name of Chairperson

July 17, 2003

VHA HANDBOOK 1761.1  
APPENDIX B

**SAMPLE MEMORANDUM FOR CHIEF  
OFFICER REVIEW OF MINUTES**

**Date:** (Insert Appropriate Date)

**From:** Chief Logistics Officer (10F)

**Subj:** Standardization of Supplies and Equipment

**To:** (Insert Appropriate Contracting Officer)

1. In support of the standardization initiative identified in Veterans Health Administration (VHA) Directive 1761.1, VHA Standardization Program, the minutes of the (insert name) User Group Meeting, held (insert date), are being provided for review and approval.
2. Provide comments and concerns regarding the User Group's recommendations by close of business (COB) 2 weeks from the date of this memorandum. If we have not received comments by that date, we will assume approval. The contracting strategy will then be initiated.
3. Questions concerning this process may be directed to the VHA Office of Clinical Logistics at (202) 273-8366 or (202) 273-5257.

Signature of the Chief Logistics Officer

Attachment

cc: 10N, 004, 90

**VA FORM 10-0384, VHA STANDARDIZATION REQUEST FOR WAIVER**

Below is an imbedded copy of Department of Veterans Affairs (VA) Form 10-0384, VHA Standardization Request for Waivers. This form can also be found on the Veterans Health Administration (VHA) Forms at the Intranet web site at <http://vaww.va.gov/vaforms>. **NOTE:** *This is an internal VA Web site not available to the public.* This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

You should use Adobe Acrobat 5.05 or later to view this form. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0384.pdf

**VA FORM 10-0384a, VHA STANDARDIZATION  
QUALITY IMPROVEMENT REPORT (QIR)**

Below is an imbedded copy of Department of Veterans Affairs (VA) Form 10-0384, VHA Standardization Request for Waivers. This form can also be found on the Veterans Health Administration (VHA) Forms at the Intranet web site at <http://vaww.va.gov/vaforms>. **NOTE:** *This is an internal VA Web site not available to the public.* This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

You should use Adobe Acrobat 5.05 or later to view this form. To print this form, your printer must be set to “print as image” and “fit to page.”



10-0384A.pdf

**VA FORM 10-0384b, VHA STANDARDIZATION  
REPORT OF AUTHORIZED WAIVERS**

Below is an imbedded copy of Department of Veterans Affairs (VA) Form 10-0384, VHA Standardization Request for Waivers. This form can also be found on the Veterans Health Administration (VHA) Forms at the Intranet web site at <http://vaww.va.gov/vaforms>. **NOTE:** *This is an internal VA Web site not available to the public.* This is to be used for local reproduction. Since this is a low use form, it will not be stocked by the Hines Service and Distribution Center (formerly known as the Forms and Publications Depot).

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10-0384B.pdf

SAMPLE OF STANDARDIZATION COMPLIANCE TRACKING

STANDARDIZATION COMPLIANCE TRACKING				SAMPLE						
*PLEASE INDICATE PERTINENT USAGE STATUS (YES, NO OR N/A) IN COLUMN "Y/N/NA" FOR EACH OF THE FOLLOWING STANDARDIZED ITEMS.										
IF YOU ARE USING A DIFFERENT VENDOR FOR ANY OF THESE ITEMS, PLEASE PROVIDE VENDOR NAME, CURRENT PRICING, AND ATTACH ADDITIONAL INFORMATION EXPLAINING WHY STANDARDIZED ITEM IS NOT BEING USED.										
<b>TERUMO MEDICAL CORPORATION</b>										
BPA Number: V797P-1641r										
Contract Period: (Extended) August 1, 1997 through 3-31-99	EXPIRES 3-31-99									
Minimum Order: \$50.00										
Note: Terumo will now accept orders using the Government Credit Card.										
Contracting Officer: Susan Proctor										
Needles & Syringes:										
PRODUCT NUMBER	ITEM DESCRIPTION	IMF#	PKG MULT	UPN	UNIT	BPA COST	Y/N/NA	CURRENT VENDOR	CURRENT PRICE	
3SS-03L	Syringe, Hypodermic, 3CC, Sterile, Disp, Lock, 100/BX 10BX/CS			+H990SS03L5W	EA	\$0.0394				
3SS-05L	Syringe, Hypodermic, 5CC, Sterile, Disp, Lock, 100/BX 6BX/CS			+H990SS05L5Y	EA	\$0.0522				
3SS-10L	Syringe, Hypodermic, 10CC, Sterile, Disp, Lock, 100/BX 6BX/CS			+H990SS10L5U	EA	\$0.0637				
3SS-20L	Syringe, Hypodermic, 20CC, Sterile, Disp, Lock, 25/BX 8BX/CS			+H990SS20L5V	EA	\$0.1310				
3SS-30L	Syringe, Hypodermic, 30CC, Sterile, Disp, Lock, 25/BX 8BX/CS			+H990SS30L5W	EA	\$0.2180				
3SS-60L	Syringe, Hypodermic, 60CC, Sterile, Disp, Lock, 25/BX 4BX/CS			+H990SS60L5Z	EA	\$0.2600				
3SS-03S	Syringe, Hypodermic, 3CC, Sterile, Disp, Slip, 100/BX 10BX/CS			+H990SS03S5\$	EA	\$0.0394				
3SS-05S	Syringe, Hypodermic, 5CC, Sterile, Disp, Slip, 100/BX 6BX/CS			+H990SS05S5+	EA	\$0.0522				
3SS-10S	Syringe, Hypodermic, 10CC, Sterile, Disp, Slip, 100/BX6BX/CS			+H990SS10S5.	EA	\$0.0637				
3SS-20S	Syringe, Hypodermic, 20CC, Sterile, Disp, Slip, 25/BX 8BX/CS			+H990SS20S5	EA	\$0.1310				
3SS-30S	Syringe, Hypodermic, 30CC, Sterile, Disp, Slip, 25/BX 8BX/CS			+H990SS30S5\$	EA	\$0.2180				
3SS-60ES	Syringe, Hypodermic, 60CC, Sterile, Disp, Slip, 25/BX 4BX/CS			+H990SS60ES5D	EA	\$0.2600				
	Syringe, Hypodermic with general purpose capped needle:									
3SS-03L2516	Syringe & Needle, 3CC, 25G 5/8IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L251653	EA	\$0.0510				
3SS--3L2238	Syringe & Needle, 3CC, 22G 1-1/2IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L223854	EA	\$0.0510				
3SS-03L2225	Syringe & Needle, 3CC, 22G 11N, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L222550	EA	\$0.0510				
3SS-03L2025	Syringe & Needle, 3CC, 20G 11N, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L20255+	EA	\$0.0510				
3SS-03L2038	Syringe & Needle, 3CC, 20G 1-1/2IN, Sterile, Disp, 100/BX 10BX/CS			+H990SS03L203852	EA	\$0.0510				
3SS-05L2238	Syringe & Needle, 5CC, 22G 1-1/2IN, Sterile, Disp, 100/BX 6BX/CS			+H990SS05L223856	EA	\$0.0637				
3SS-0512125	Syringe & Needle, 5CC 21G 11N, Sterile, Disp, 100/BX 6BX/CS			+H990SS05L212551	EA	\$0.0637				
3SS-05L2138	Syringe & Needle, 5CC, 21G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS			+H990SS05L213855	EA	\$0.0637				
3SS-05L2038	Syringe & Needle, 5CC, 20G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS			+H990SS05L203854	EA	\$0.0637				

STANDARDIZATION COMPLIANCE TRACKING				SAMPLE					
PRODUCT NUMBER	ITEM DESCRIPTION	IMF#	PKG MULT	UPN	UNIT	BPA COST	Y/N/NA	CURRENT VENDOR	CURRENT PRICE
3SS-10L2238	Syringe & Needle, 10CC, 22G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS				EA	\$0.0813			
3SS-10L2038	Syringe & Needle, 10CC, 20G, 1-1/2IN, Sterile, Disp, 100/BX, 6BX/CS			+H990SS10L203850	EA	\$0.0813			
	Needle, Hypodermic:								
3NN-2516R	Needle, Hypodermic, 25G, 5/8IN, Sterile, Disp, 100/BX, 10BX/CS			+H990NN2516R5\$	EA	\$0.0239			