NEW EQUIPMENT CHECKLIST

This document must be completed to obtain approval to procure and install reagent rental, leased, or purchased new equipment that costs >$500.

New □	Replacement □	Location (Note 1)	Test Area:
Name of Instrument/Equipment:			
Manufacturer/Vendor:			
Purpose:			
Reagent Rental □	Lease □	Purchase □	Evaluation □
Total Cost:	Account:	Center:	
Vendor and Contract Requirements:			

Equipment/Instrument/Facilities/Reagent Requirements

Specification Documentation received from vendor/installer:	
Space requirements (footprint)	
Installation: Manufacturer □	NCSLPH □
Electrical specifications / needs:	
Environmental / Climate specifications/needs:	
DI Water / Drain requirements:	
Gas requirements:	
Hazardous Waste Disposal:	
Are Reagents/Supplies to be included in this purchase?: No □ Yes □	
Is a Smart-Vue sensor required? No □ Yes □ Temp range:_____ Humidity No □ Yes □	

IT Requirements

Does it require exception to bulk purchase? No □ Yes □ If so, download & print out form (Note 2)
Networking: • Are Data Jacks required? No □ Yes □ If so, how many? • Use existing or new drops? • Can equipment PCs be placed on an Active Directory domain? • Will remote access be needed by vendor for future support?
OS Patching, Antivirus (both required by State ITS if no network): • Any restrictions or guidance from vendor on patching operating systems? • Any restrictions or guidance from vendor on antivirus clients?
Starlims: • Will DCU interface be required? • Will existing DCU work with equipment? No □ Yes □ If so, which one? • If no existing DCU available, what type will need to be created: File Transfer or Bi-Directional? • If no existing DCU available, are funds budgeted for Starlims to develop or will this need to be done in-house?
Bar-Coding: No □ Yes □ If so, what type

Personnel Requirements

Training: Off-site □ On-site □	How many employees:
Instrument required biohazard requirements:	
Additional safety training needed for employees: No □ Yes □ If Yes, describe:	

Warranty Information

Cost: $	Period covered from:	to:
What is covered?	Parts:	Labor:
Restrictions or exceptions (specify):		

Approvals:

Requesting personnel:	Date:
Unit Manager:	Date:
Facility Maintenance Supervisor:	Date:
LIMS Administrator/IT:	Date:
QA Manager:	Date:
Assistant Laboratory Director for Operations:	Date:
Assistant Laboratory Director:	Date:
Laboratory Director:	Date:

Note 1: Attach Diagram of Room and Equipment Installation Location
Note 2: See ITS Exception Request Form at:[provide link]