



3200 West Market Street, Suite 200
Akron, OH 44333-3325
Web site: www.arha.org

AKRON REGIONAL HOSPITAL ASSOCIATION

Phone: 330-873-1500
Fax: 330-873-1501
Email: arha@arha.org

ARHA EMS Request for Consideration of New/Replacement Supply/Pharmaceutical
Effective October 1, 2009

EMS Name: _____
Address: _____

EMS Phone: _____ Email: _____

This is a: (Check one)

New item _____

Replacement item _____ (If Replacement, what supply/pharmaceutical on form does it replace?)

New Item Request is: (Check one)

Supply _____

Pharmaceutical _____

Name of Requested Item: _____

Unit/Dosage Request: (ex: ea; 24 gauge; etc) _____

Cost per unit/dosage: \$ _____

Medical justification for request (include written documentation on benefit to patient): _____

Number of patients who (check one)

have _____ or would have _____ benefited

from this new item during last 6 months _____ out of _____ total patients transported during past 6 months.

(EX: 83 out of 95 patients transported by our EMS unit in the last 6 months would have benefited from this drug/supply)

Submitted by: _____

Date: _____

Phone: _____ Email: _____

Approved by: _____

Date: _____

Chief of Department

Approved by: _____

Date: _____

Medical Director

Additional comments: _____

NOTE: Form must be fully completed, signed by all parties and received by Akron Regional Hospital Association via fax (330-873-1501) or mail no later than June 30 of each year. The ARHA Ambulance Restocking Committee will consider each request at their annual meeting in September of each year. Formal notification will be provided to the requesting department for each submission no later than September 30.