

Home Birth Supplies Program (HBSP) Reusable Equipment Approval Form

This form is required for ordering reusable equipment. The expected life span for a piece of reusable equipment is 5 years. Except in extenuating circumstances, the equipment on this list may only be ordered once every 5 years. *This form **must** be completed and approved **prior** to the ordering of reusable equipment through the PDC portal. Failure to do so may result in an audit or suspension of ordering privileges from the PDC.*

Instructions:

- Put a check mark beside the item(s) being ordered.
- If the item(s) has been previously ordered from the PDC, indicate the previous order date.
- If the previous order date is within 5 (five) years, complete *Order Justification* portion of this form.
- This order form should be submitted to the HBSP HA Lead for approval and signature.
- The completed form should be emailed or faxed back to the Care Provider.
- The Care Provider will then follow instructions on the form.

Care Provider Name			
Care Provider Signature			
PDC Customer Number		Date:	
HBSP HA Lead Name			
HBSP HA Lead Signature		Date:	

Check (✓) to order*	PDC Code	Description	Previous Order Date	Within 5 years	Order Justification completed**
				Check (✓)	
	6515110157	DOPPLEX AUDIO DISPLAY FETAL 2MHZ PROBE			
	6515508640	HEAD LAMP WELCH ALLAN GREEN SERIES			
	6515508639	HEATING PAD			
	6515110158	OXIMETER PULSE DIGITAL EDAN			
	6530110618	OXYGEN WRENCH FOR D & E TANK EACH			
	6515508602	REGULATOR FOR SIZE "D" OXY TANK			
	6515160100	SPHYGMOMANOMETER - ADULT			
	6510160205	SHYGMOMANOMETER ANEROID ADULT LARGE			

*Only single pieces of equipment can be ordered at one time. Eg. One Suction Pump and one Dopplex can be ordered at one time, but not two (2) Suction Pumps.

**If item has been previously ordered within 5 years of current order, please complete *Order Justification* portion of the form.

Check (✓) to order*	PDC Code	Description	Previous Order Date	Within 5 years	Order Justification completed**
				Check (✓)	
	6515508635	STETHOSCOPE FETAL CASCADE			
	6515110153	STETHOSCOPE INFANT LITTMAN CLASSIC			
	6515160118	STETHOSCOPE LITTMANN CLASSIC III			
	6515871157	SUCTION PUMP 800CC DEVILBISS			
	6685190007	THERMOMETER DIGITAL SURETEMP W/A			

Home Birth Supplies Program Reusable Equipment – Order Justification

Please complete this portion of the form if a piece of equipment listed below is being re-ordered within 5 years. For each item listed, please provide rationale (eg. item stolen or broken) for item being ordered within 5 years of previous order. If an insurance claim or warranty claim has been made, please provide documentation (if available).

	Item	Rationale for Re-Order (completed by Care Provider)	Approval (completed by HA)		
			PDC order	Storage*	Not Approved
#1					
#2					
#3					
#4					
#5					

*HAs will have reusable equipment returned by other Care Providers in storage. If the order is approved the HA may elect that the Care Provider orders a new item from the PDC or that they get the item from HA HBSP storage. Instructions to be provided by HBSP HA Lead.

	HA HBSP Lead Comments or Further Instructions
#1	
#2	
#3	
#4	
#5	

Original: HBSP HA Lead
Copy: Care Provider