

MEDCASE PROGRAM REQUIREMENT			1. DATE (YYYYMMDD)
For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG			
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			
<input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC NF)	<input type="checkbox"/> CLINICAL INVESTIGATION PROGRAM (BLIC CF)		
<input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC MB)	<input type="checkbox"/> POLLUTION CONTROL PROGRAM (BLIC PC)		
<input type="checkbox"/> DRUG ABUSE/CONTROL PROGRAM (BLIC DA)			
<input type="checkbox"/> REPLACE, MODERNIZE, OR ACQUIRE EQUIPMENT FOR EXISTING FACILITY (BLIC UR)			
<input type="checkbox"/> REPLACEMENT NORMAL	<input type="checkbox"/> REPLACEMENT ACCELERATED	<input type="checkbox"/> NEW MISSION	<input type="checkbox"/> MODERNIZATION
<input type="checkbox"/> OTHER	<input type="checkbox"/> UPGRADE	<input type="checkbox"/> EXCESS	<input type="checkbox"/> LEASE
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	