Government of Western Australia
Department of Health

Product Evaluation & Standardisation Committee (PESC)

PART A – Clinical Product Evaluation Request

To be completed by the Product Evaluator

PRODUCT INFORMATION

Description of Clinical Product [Attach relevant brochures]

Description of Clinical Application

Brand Name | Manufacturer

Model Number | Model Name

Price $

REASON FOR REQUEST

Reason for Evaluation: ☐ Upgrade ☐ Substitution ☐ Review ☐ Tender ☐ New to Market

Provide evidence of the advantages of this product (attach relevant supporting documents)
Consider the patient, staff and hospital

SUPPLIER INFORMATION

Name of Supplier			
Address			
Phone		Facsimile	
E-Mail			
Web Address			

Representative			
Phone		Mobile	
E-Mail			

EVALUATION REQUESTED BY (PRODUCT EVALUATOR)

Name

Organisation

Phone | Position

1. Does the evaluation/use of this product constitute a change in the scope of your practice?

No ☐

Yes ☐ Details :

If so, please discuss with your Head of Department as to liaison with the Medical Credentialing Committee at your hospital. Hospital Ethics Committee endorsement may also need to be sought.

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2. Have you either personally or on behalf of your department ever received any form of gratuity from a supplier involved in the provision of this product? (A gratuity may take the form of financial assistance, hospitality, travel assistance, sponsorship, conference funding, rebates, equipment donations etc.)

No ☐
Yes ☐ Details :

3. I declare that to the best of my knowledge I do not have any interests (pecuniary or otherwise) which could reasonably be construed as having any influence on the proper and objective performance by me of my duties in relation to the evaluation this product:

Product Evaluator Signature _____ Date ____/ _____/_____

HEALTH SERVICE UNIT TRIAL ENDORSEMENT

Approved: Yes ☐ No ☐

Head of Department _____ _____ Date ___/____/____
Name Signature

Please forward completed forms to the following:

SMAHS(excluding RPH)	FHHS PESC	fh.pesc@health.wa.gov.au
RPH	RPH PESC	rph.pesc@health.wa.gov.au
SCGH	SCGH PESC	scgh.pesc@health.wa.gov.au
KEMH	KEMH PESC	kemh.pesc@health.wa.gov.au
PMH	PMH PESC	PMH.PESCmembers@health.wa.gov.au

OR the administering Hospital PESC if not covered by the above.

EVALUATION ENDORSED BY (PESC)

Yes: ☐ No: ☐

Reason

PESC Group | Trial N°

ALLOCATED PESC MEMBER

Product Liaison : Yes: ☐ No: ☐ or

Name | Position

Organisation | Phone

PESC Chairperson _____ _____ Date ____/ ____/____
Name Signature