



REQUEST FOR INFORMATION FORM INSTRUCTIONS

This form is to be completed each time Facilities/Programs/Departments (users) request information regarding a product that is already stocked or is non-stock (N/S). A copy of this form follows this procedure. The user is responsible for providing as much information as possible regarding the needed product or item.

This form is to be completed for information requests for new equipment or equipment accessories.

Submit Request for Information Form to: Portage Distribution Centre – stores-pdgh@southernhealth.ca
PH# (204) 239-2310, Fax: (204) 239-7027

Instructions for completing the form:

- Please complete one form per item/product.
- Department, Date, Name, Date Required (not ASAP) - to be completed by the Facilities/Programs/Departments requiring the information.
- Item Description – Indicate the name of the product.
- Item Use – where the item will be used as well as what the item is intended for.
- Previous Supplier – where we may have purchased this product from in the past.
- Part Number – any numbers from the product supplier or previous product.
- Qty Required – if this is to be a regularly purchased item, annual projection of use is required.
- Approximate Cost – if available.
- Attachments – check off the items attached to this form to support the information request.

Logistics & Supply Chain Management response:

- Supplier – Logistics & Supply Chain Management will return the form with the listed vendors shown that can support the information request.
- Part Number – the part number/relating to the product or information request.
- Availability – the delivery time for the product or information request.
- Cost – associated costs related to the request.
- Available Unit of Measure – in what quantity it can be purchased in. (such as by the case/ each/box.
- Date – the date of the response to the request for information.

Once the Request for Information Form is returned to you by Portage Distribution Centre. Please Review it. If you wish to order this item, please complete an ORG.1710.PL.001.SD.01 Purchase Requisition Form or ORG.1710.PR.001.SD.01 Equipment Standardization Requirements and Authorization Form and email this form to your distribution center.

Portage Distribution Centre - Fax: (204) 239-7027 stores-pdgh@southernhealth.ca
Boundary Distribution Centre - Fax: (204) 331-8806 BTHCStores@southernhealth.ca
Steinbach Distribution Centre Fax : (204) 346-0380 SteinbachDC@southernhealth.ca



Request for Information Form

For Requestor to FILL IN:

Department/Facility: _____ Date: _____

Name: _____ Date required (not ASAP): _____

Email: _____ Telephone#: _____

Available Product Information: *(Please enter any information you may know about the product)*

Item description: _____

Item use: _____

Previous supplier: _____ Part number: _____

Quantity required: _____ Approximate cost: _____

Please attach any information:

Check all which APPLY:

Sample	Packaging	Promotional Material	Magazine Article
_____	_____	_____	_____

Logistics & Supply Chain Management Responses: Response Date: _____

Manufacturer: _____ Part number: _____

Supplier: _____ Unit of measure: _____

Retail cost (subtotal): _____ Taxes (PST/GST): _____

Freight (Y/N) cost: _____ Assembly/Install Y/N \$\$ _____

Accessories cost: _____ Services (Electrical etc.): _____

Total Cost: _____ Warranty: _____

Logistics staff employee: _____ Signature: _____

Estimated time of arrival: _____ Health Canada #: _____

Free sample: _____ Able to trial Y/N: _____