



NIH Supply Center

The FAR-approved first source for supplies

New Item Worksheet

For office use only

E-Mail completed forms to: NIHSCMARKETINGTEAM@MAIL.NIH.GOV

NSN: _____ Date: _____

(FSC Group): _____

Distribution: ☐ NIHSC Stores: ☐ SSS ☐

Purpose: ☐ New Inventory Item ☐ Special Order Item (justification attached)

Item Name: _____ Catalog No.: _____

Item Description: _____

Item Classification: _____

Manufacturer/Brand: _____ Manufacturer No.: _____

Source of Supply: _____ EIN: _____

Unit of Issue: _____ Packing: _____

Per: ☐ Box ☐ Case ☐ Carton ☐ Other: _____

(3 of 9 Barcode required by our unit of issue and outer pack for our storage and issuing purposes)

List Price: _____ Stockroom Price: _____ Initial Order Quantity: _____

☐ Open Market ☐ BPA No.: _____

☐ FSS Schedule: _____ Exp Date: _____ MOL: _____

☐ Literature attached ☐ Catalog Name: _____ Page: _____

Estimated Monthly Usage: _____ U/I: _____ per month based on: _____

Estimated Monthly Demand: _____

Special Storage: ☐ Yes ☐ No Shelf Life: _____ months (6-month minimum)

Space Requirement: ☐ Yes ☐ No Special Temperature: ☐ No ☐ Yes: _____

(-20° Freezer or 4° Refrigerator)

Material Safety Data Sheet for this item: ☐ No ☐ Yes (please attach)

Picture attached (to be used in catalog): ☐ Yes ☐ No

I understand and my company agrees that is this product does not sell after a 6-month period after receipt into the stock system I will agree to arrange to have this product picked up and removed from the NIH stock system at vendor expense and a full credit/refund will be issued to the NIH Office of Logistics & Acquisitions Operations, Division of Logistics Services. No restocking fees will be charged to the Federal Government.

Vendor Signature _____ Date _____

Logistics Management Specialist Signature _____ Date _____