



Customer New Item Request Form

Product Name: _____

Description: _____

Manufacturer/Brand Number: _____

Source/Vendor: _____

Unit of Issue (box, case, each, etc.): _____

Price per Unit of Issue: _____

Estimated Monthly Usage: _____

Estimated Monthly Demand: _____

Username: _____

Email: _____

Phone: _____

Institute/Center: _____

Please attach photos of the product if possible

Please submit completed form and product picture to

NIHSC-customerservice@od.nih.gov;

Subject: NEW ITEM REQUEST