



Material Master Request Form

Save this form to your desktop before completing (File-Save As-Save In: Desktop)

Please complete this form if you require a new material master record to be created, or an existing material master record to be altered (denote which by placing an X in the appropriate the box below).

Create New Material Master Record	Change An Existing Material Master Record	Flag An Existing Material Master Record For Deletion	Existing Material #:
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1. To be completed by the requestor, and forwarded via email to the Supply Chain Shared Service Center

SCSSC@jhmi.edu

Date	Requestor's Name	Requestor's Phone	Location/Department
Email Address	Val Class/GL Acct	Requestor's Fax	Material Description (40 character max)
Manufacturer	Manufacturer Catalog #		2. The need for clinical review (JHHS only) will be determined by the Purchasing Buyer. If clinical review is needed, the New/Replacement Clinical Product & Equipment Request Form must be completed. (https://www.hopkinsmedicine.org/supply-chain/)

3. To be completed by the Requestor and or Purchasing Buyer

Vendor Name/#	Vendor part #	Unit of Purchase	Price	Contract#	Material Group/cat code
Substitution Material #	Contains Latex?	Contains DEHP?	Reusable?	FDA Approved?	Restricted Material? (if Y, identify allowed cost center)
	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Stock Material?	Stocking Location (s)	ORMIS Material?	JH Pt. Charge Code	BVMC Pt. Charge Code	Allowed Cost Center
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO			
Base UOM	Par Material	Plant assigned			
	<input type="radio"/> YES <input type="radio"/> NO				

4. Comments: