

1. Product Name:

2. Is there a suggested supplier for this product? No Yes

(If "Yes", who?)

3. What is the primary goal of this product?

Save Money

Save Time

Save Lives

Increase Revenue

4. What are the secondary goals of this product?

Provides better value

Improved warranty period

Improved comfort

Provides better quality

Better for the environment

Provides versatility

Reduces hospital waste

Product is more convenient

Consolidate Supplier

5. What problem is this product solving?

6. Describe the Product: (If drawings are available include with the submission. Provide any completed sales literature, technical specifications or additional materials that assist with describing the product. Be as detailed as possible – including how the product is clinically used)

7. Does this product require sterilization? No Yes
8. Does anyone currently make this product? No Yes

(If "Yes", who?)

9. Does this product compete with any other product BOMImed currently carries?

No Yes

(If "Yes", what product?)

10. What is the competitor's price?

11. How was the above competitive price obtained?

- From customer (verbal) From customer (documentation)
- From web site From potential supplier
- Other

12. What is the target price to the customer?

13. Will the customer have an issue with the final selling price? No Yes

(If "Yes", please explain why)

14. What will be the lowest number of units sold per year?

15. What will be the most likely number of units sold per year?

16. What will be the most number of units sold per year?

17. How was the above estimated determined?

Single hospital

Regional Health Authority

Provincial

International

National

Research Paper

Other

Requested by Name: Date:

Address:

City, State, Postal Code/Zip Code:

Phone:

Email:



New Product Development Submission Form

Additional Notes:

Send Completed Form to:
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