Please provide the following information for capital expenditure requests related to veterinary diagnostic testing.

**Submitter information**

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Name and Address (include branch is applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact information:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Network affiliation (check all that apply):

NAHLN \_\_\_\_

NPIP \_\_\_\_

Other \_\_\_\_ List Network \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Capital expenditure**

* Greater than $10K unit cost \_\_\_\_\_\_\_
* Less than $10K unit cost\_\_\_\_\_\_\_\_

**Description and Justification**

* What equipment are you requesting? (please list equipment on separate forms unless equipment is considered accessory or a package)

Make\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_

* Please provide a detailed justification for the need for the equipment requested. Please include your justification for the following (please include a one page attachment):
	1. Is this a new piece of equipment or a replacement?
		1. If a replacement, explain why the current equipment requires replacement at this time.
		2. If new, please explain the need for the new equipment.
	2. What is the primary purpose for the use of this equipment?
		1. Surveillance
		2. Surge
		3. Other
* How quickly do you need this equipment?
* What is the life cycle of the above piece of equipment?
* What disease testing will you be performing on the above piece of equipment (is it for single disease diagnostics or for multiple diseases)?
* Will any of the testing be done on behalf of USDA?
	1. If so, please list the following for each disease:
		1. Disease/Agent:
		2. Average # of samples tested and paid by USDA/yr.:
		3. % of total samples run on behalf of USDA
* Has this piece of equipment been validated by USDA?

**Cost**

* What is the unit cost of the requested equipment? (Do not include additional costs such as maintenance agreement, training or installation fees)
* Have you contacted vendors for pricing information?
	1. If so, please provide below.
* Is there more than one vendor selling this equipment?
	1. If so, whom?
* Would you consider purchasing refurbished equipment?
* Has your laboratory purchased this piece or a similar piece of equipment in the past with Federal funding?
	1. If so when?
* Will this piece of equipment be cost-shared?
* What is the approximate cost to maintain the above piece of equipment per year?