

IHS Pharmacy Automation 2013

Form approved
 OMB Form No. 0917-0036-19
 Expiration Date: 5/31/2015

1. Contact Information

Name:

Company:

City/Town:

State: -- select state --

Email Address:

Phone Number:

2. Interface Questions

| | Does this product interface with RPMS? | If yes, ease of interfacing w/RPMS? | Are you using the IHS approved interface for this product? | Has the interface been modified locally or by the vendor? |
|-----------------------------|--|-------------------------------------|--|---|
| ScriptPro Robot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ScriptPro Central | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parata | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parata Pharmacy 2000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pyxis Medstation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pyxis CII Safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Omnicell Dispensing Cabinet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Omnicell Vault/Secure Vault | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audiocare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ateb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pickpoint Telepharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-------------|--|-------------------------------------|--|---|
| Automix TPN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Baker Cells | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mckesson | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Interface Modification/enhancement discussion (Please specify)

3. Product Maintenance & Downtime

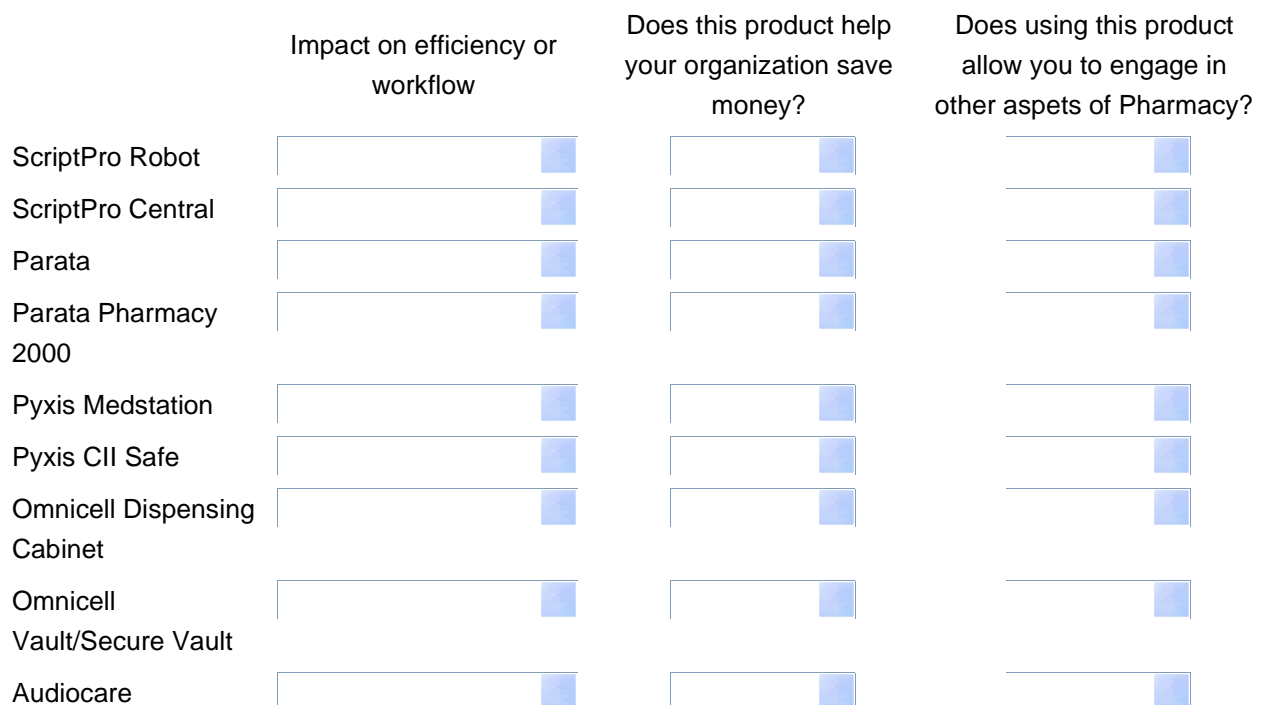
| | Maintenance Schedule | Enhancement/Updates | Downtime/Service Requirement |
|-----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ScriptPro Robot | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ScriptPro Central | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
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| Baker Cells | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mckesson | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Other (please specify)

4. Customer Service / Training



5. Impact on Efficiency / Workflow



| | Impact on efficiency or workflow | Does this product help your organization save money? | Does using this product allow you to engage in other aspects of Pharmacy? |
|------------------------|-------------------------------------|--|---|
| Ateb | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pickpoint Telepharmacy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Automix TPN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Baker Cells | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mckesson | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

6. Overall, Would You Recommend This Product to Others?

| | Yes | No |
|-----------------------------|-----------------------|-----------------------|
| ScriptPro Robot | <input type="radio"/> | <input type="radio"/> |
| ScriptPro Central | <input type="radio"/> | <input type="radio"/> |
| Parata | <input type="radio"/> | <input type="radio"/> |
| Parata Pharmacy 2000 | <input type="radio"/> | <input type="radio"/> |
| Pyxis Medstation | <input type="radio"/> | <input type="radio"/> |
| Pyxis CII Safe | <input type="radio"/> | <input type="radio"/> |
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| Baker Cells | <input type="radio"/> | <input type="radio"/> |
| Mckesson | <input type="radio"/> | <input type="radio"/> |

7. Which Printer Are You Using for EHR/ RPMS?

| | Yes | No |
|--|--------------------------|--------------------------|
| Are you using VA laser labels? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, have you made any local modifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it print VA laser labels appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it support double-sided printing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you recommend this printer to others? | <input type="checkbox"/> | <input type="checkbox"/> |

Printer Brand and Model

8. General Comments on Pharmacy Automation

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036-19. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

Done

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