**VAC Submission Request Checklist**

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| **Requested Information** | **Identified Information** |
| Name of Hospital/Hospital System |  |
| Address of Hospital/Hospital System |  |
| Pricing Information |  |
| Name & Title of Surgeon Champion |  |
| VAC Contact Name and Information  *(email address and phone number)* |  |
| VAC Submission Deadline |  |
| VAC Meeting Date |  |
| Timeline for VAC Decision |  |
| Information Identified from Probing Questions *(specific needs)* |  |
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| **Digital Brochures/Presentations** | **Product Specific Documents** | **Additional Documents** |
| □ Biocomposites digital brochure | □ Current 510(k) K141830 | □ Vendor Setup Form |
| □ STIMULAN digital brochure | □ Latex Declaration | □ HCPCS Code Letter |
| □ STIMULAN Case Studies Presentation | □ STIMULAN Kit IFU | □ Insurance Liability Letter |
| □ STIMULAN Clinical Presentation | □ STIMULAN Rapid Cure IFU | □ New Hospital Account Form |
| **External Requirements** | □ Other (please specify) | □ W-9 |
| □ VAC Request Packet Obtained | □ Other (please specify) |
| □ VAC Submission Form Obtained |

Please complete and submit VAC Submission Request Checklist to Al Todd ([mat@biocomposites.com](mailto:mat@biocomposites.com)) for review and processing of VAC submission.