



INTALERE®
ELEVATING THE HEALTH OF HEALTHCARE

INNOVATIVE/NEW TECHNOLOGY QUESTIONNAIRE

Thank you for applying for Intalere's Emerging Technology Tradeshow. Please complete the application in full. Suppliers with incomplete applications are automatically disqualified from showcasing at the tradeshow.

If you would like to showcase more than one product/service, please fill out separate applications for each one (You will have an opportunity to access the application again at the end.). Please note the maximum number of applications per supplier is 3.

The 2020 Intalere Emerging Technology Tradeshow application deadline is **March 2, 2020**.

For any questions about the tradeshow or the application process, contact Arleen Mosley at Arleen.Mosley@intalere.com.

COMPANY & CONTACT INFORMATION

1. Contact Information

Company Name | Address | City, Address, Zip | Website
Name | Title | Email | Phone

PRODUCT / SERVICE OVERVIEW

2. Please provide the name of the innovative product/service you would like to show at the Emerging Technology Tradeshow and a brief description (1-3 sentences/Word limit: 300).

Please explain.

3. Please identify the Intalere product category that best describes your Innovation/New Technology product.

Diagnostic Imaging / Lab
Information Technology (Software, Hardware, Consulting, etc.)
Facility Management
Medical / Surgical
Nutrition
Pharmacy
Other

NUTRITION SPECIFIC QUESTIONS

4. Please provide an ingredient list.

Please explain.

5. Are there any allergens?

Yes
No

Intalere Innovative/New Technology Questionnaire



PRODUCT / SERVICE OVERVIEW

6. Please select the classes of trade for which your product/service is applicable.

Clinic
 DI & Laboratory
 Emergency Services
 Free standing imaging centers
 Home Healthcare / Hospice
 Hospital
 Integrated Delivery Network
 Long-Term Care/Extended Care/Senior Living
 Physician Practice
 Surgery Center
 Other

7. If your product/service is applicable to the non-acute market, please expound on which markets you are currently serving or plan to serve in the future.

Please explain.

8. Intalere has focused program offerings around the following areas. Please check all areas in which your product/service may apply.

Ambulatory Surgery Centers
 Cybersecurity
 Operational Continuity & Emergency Management
 Senior Living & Long-Term Care
 Survey & Accreditation Readiness
 Women's Health

9. Please describe in detail the features, characteristics and qualities that make this product/service innovative technology. What differentiates (outside of quality) your innovative/new technology product from other products in the healthcare industry? (Word limit: 300)

Please explain.

10. Please describe in detail the value and benefits of your product/service, including clinical, safety, business and operational benefits as it relates to question 6. Explain how contracting with your company for this innovative/new technology product will benefit Intalere's members and enhance patient experience. (Word limit: 300)

Please explain.

11. Can your company demonstrate the technical merit of its products through published studies, proven sales history, references from Intalere membership or any other means? Please provide website links to evidence that supports your claims of benefits for your product/service.

Please explain.

12. You may upload one file with your application. If you wish to submit multiple documents/files, please condense to one file.

Acceptable file types: PDF, DOC/DOCX, PNG, JPG/JPEG, GIF (16 MB file size limit).

Intalere Innovative/New Technology Questionnaire



- 13. Please list any key accounts, including Intalere members, that are currently utilizing your product or service. (If we may reach out to this healthcare organization for input, please provide contact information.)**

Please explain.

- 14. Does your product/service utilize biodegradable components, demonstrate energy efficiency, reduce environmental contaminants/hazards or otherwise support sustainable initiatives?**

Yes

No

- 15. Does your product/service have approvals from all applicable local, state and federal regulatory entities, including FDA and OSHA?**

Yes

No

- 16. What are any regulatory classifications codes associated with this product/service (class I, II, III, D1, D2, E2, HMIS Hazard rating, etc.)?**

Please explain.

DEVELOPMENT & PRODUCTION

- 17. When was this product/service first available on the market? Was this product/service ever offered on the market under a different name and/or by a different supplier/manufacturer?**

Please explain.

- 18. Provide a brief overview of your company's research and development efforts (include percentage of sales spent on research and development of new product releases over the past two years).**

Please explain.

- 19. Please list any quality control or process improvement programs (e.g., ISO9000, CQI, TQM) currently employed by your company in its manufacturing, distribution, and customer service operations.**

Please explain.

- 20. Please describe your company's production capabilities. Does your company have adequate production capabilities for the anticipated demand?**

Yes

No

Please explain.

COMPANY DETAIL

- 21. Please indicate if your company is a manufacturer, distributor, service provider and/or wholesaler. (select all that apply)**

Manufacturer

Distributor

Service provider

Wholesaler

Intalere Innovative/New Technology Questionnaire



22. Please indicate if your company is a certified small or diverse business.

Certified Historically Underutilized Business (HUB)
 Distributes Items Manufactured by a Minority Owned Business
 Minority Owned Business
 Small Business Enterprise
 Utilizes Products or Services provided by a Historically Underutilized Business (HUB)
 Veteran Owned Business or Service Disabled Veteran Owned
 Women Owned Business
 Other (please specify)

23. Is your company currently an Intalere-contracted supplier?

Yes
 No

24. Does your company have contracts with any other Group Purchasing Organizations (GPOs)?

Yes
 No
 If yes, please explain.

25. Please list your company's competitors within the specific product line that you wish to present to Intalere. Describe what you consider as your distinct advantage over your competition.

Please explain.

26. What is the total U.S. market share of your organization versus each of your competitors within the respective product category or categories of this agreement?

Please explain.

27. Has your company been the subject of any regulatory, administrative, or judicial action, sanction, prosecution or proceeding that would affect your ability to supply products or services to Intalere members?

Yes
 No

28. Please list and explain any voluntary and mandated recalls of products manufactured or distributed by your company which have been initiated in the past three years.

Please explain.

29. Has your company been excluded from participation in Medicare, Medicaid or any state reimbursement programs?

Yes
 No

DISTRIBUTION

30. How does your company provide service and products?

Directly to Customer
 Distributor Network
 Direct and Distribution

Intalere Innovative/New Technology Questionnaire



31. What geographical area(s) does your company service?

Please explain.

32. Identify the major national and regional distributors you utilize and what percentage of your products are shipped to each distributor.

Please explain.

MARKETING & SALES

33. Briefly discuss marketing efforts for your company's product lines.

Please explain.

34. What is the size of the company sales force along with the percentage of the sales force dedicated to each product line? Please describe your sales force (including field and telephone sales force).

Please explain.

35. Do you offer education, support and in-service training for your product/service? Please elaborate.

Yes

No

If yes, please explain.