



THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
OFFICE OF MATERIALS MANAGEMENT

VALUE ANALYSIS

PRODUCT DEFERRED SIGN OFF SHEET

Requester: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Department Director Name: \_\_\_\_\_

TYPE OF PRODUCT:

Medical disposable  Non-Medical

Medical Equipment  Non-Medical

Lab Disposable  Office Supply

PRODUCT INFORMATION:

Description: \_\_\_\_\_ Catalog Number: \_\_\_\_\_

Vendor: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

**Please justify in detail why product is being deferred:**

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Requestor Signature: \_\_\_\_\_ Requestor Title: \_\_\_\_\_

Dept. Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Value Analysis Committee Approve Deferral: Yes  No

If No please explain:

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Value Analysis Committee Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_