Northwest Community EMS System Research & Development Committee New Product Request and FIELD TRIAL PROPOSAL



Device to be trialed:
Objective: What is the purpose of the field trial?
Justification for necessity of trial. What new knowledge, not already known/published in literature, will the trial provide? What problem will this equipment/device solve? How will this equipment/device improve quality of patient care?
Commitment: If the field trial is successful, will the item be purchased?
Literature to support safety and efficacy
Protocol and procedure for use
Responsible party:
Personnel involved: how selected to participate .
Equipment/devices involved: numbers and location
Duration of field trial (# patient uses to be enrolled)
Education: plan – initial and continuing, objectives, methods, materials, instructors, evaluation Evaluation: methodology, including forms, procedure for completion, and submission for review

Data to be collected. How will the results be reported? Who is responsible	for compiling the data results?
Data collection method:	
Device function during transport:	
Clinical outcomes of the patients:	
Crew feedback:	
Hospital feedback:	
Actions in the event of any adverse effects or equipment malfunction:	
Actions in the event of any adverse effects of equipment manufaction.	
Patient safety data monitoring: procedure & methods	
Does anyone involved in the trial have a conflict of interest (business/finance	cial/relationship) regarding the
product?	
Is evaluation site receiving anything, from the manufacturer/vendor, in retui	rn for the field trial?
Signatures:	
Primary investigator for the EMS Agency (author of proposal)	Date
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Chief, EMS Agency conducting the trial	Date
Chair NIMC EMSS D&D Committee	Data
Chair, NWC EMSS R&D Committee	Date

NWC EMSS	Liaison to R&D Committee		Date
	☐ Approve	☐ Approve Field Trial	□ Reject (rationale)
If approved: Comments:	Go-live date:		_
NWC EMSS	EMS Medical Director		Date

CJM 11/16 REV PJD 02/23