

PROFORMA TO SUPPORT NEW DRESSING USE IN TAYSIDE
For completion by Healthcare Professional/Medical Representative

1. Dressing Name	Manufacturer
2. Dressing Type (hydrocolloid, alginate, foam etc)	
3. What type of wound could this dressing be used for? (eg. leg/pressure ulcer, burns, surgical etc)	
4. Effects on wound bed (desloughing, debridement, de-odourising) – include references	
5. Use with low/moderate/heavy exudate, if appropriate?	
6. Is there any research to support the above? If so, please include references	
7. Would this dressing replace another existing dressing? If so, state why the new dressing is preferable – include references	
8. Are there any additional benefits?	
9. Does this product require any additional equipment eg. secondary dressing?	
10. Please supply a price list	
11. Is this dressing in the Scottish procurement contract or FP10 listed?	
12. If this product is accepted on to the Tayside Wound Formulary would the manufacturer be prepared to provide clinical education to support the use of the product? If so, provide contact details	
Name of supporting healthcare professional/medical representative: Date: _____ Wound formulary approval (representative name): Date: _____	

Please POST (include supporting documentation) to: Wound Formulary Group, C/O Arlene Coulson, Pharmacy Department, Ninewells Hospital, Dundee DD1 9SY. The Wound Formulary Group will review any requests at quarterly meetings and update the electronic wound formulary annually.