



Contrast Media ISOVUE-200 (Iopamidol Injection 41%) Resource Request Form

Incident Name: Contrast Media Shortage	Date Requested:
--	-----------------

Request Details	
Operational Area	
Request Summary	
Date	
Attachments (Y/N)	
Requesting Point of Contact	
Name of requestor	
Name of facility	
Phone Number	
Alternate Phone Number	
Email Address	
Resource Request Information	
Resource Needed	Contrast Media: ISOVUE-200 (Iopamidol Injection 41%)
Have national recommendations for mitigation shortage been implemented?	
In percentage, what is your current utilization rate compared to prior utilization rate?	
Please explain any attempts to procure resource prior to this request.	
Including current inventory, how many days of supply on-hand?	