



NIH Supply Center

The FAR-approved *first* source for supplies

Product Modification/Replacement Form

Date of Request (mm/dd/yyyy): _____

Modification

Manufacturer/Brand: _____

Vendor Catalog Number: _____

Source/Vendor: _____

Description: _____

Description of Modification: _____

Replacement

Manufacturer/Brand of item being replaced: _____

Vendor Catalog Number of item being replaced: _____

Manufacturer/Brand of replacement item: _____

Vendor Catalog Number of replacement item: _____

Source/Vendor: _____

Description: _____

Unit of Issue (box, case, each, etc.): _____

Price per Unit of Issue: _____

Estimated Monthly Usage: _____

Contact Name: _____

E-mail: _____

Phone: _____

Send completed forms to e-mail: NIHSCMARKETINGTEAM@MAIL.NIH.GOV