




## How Create Cost Analysis (CA)

## How to create a cost analysis

**Role:** Supply Chain Buyer Staff

**Frequency:** As Needed

**\*\*Find the Cost Analysis Template located on the Materials Drive under the Purchasing PA Folder \*\*Materials Drive -> Purchasing PA Folder -> Templates -> Cost Analysis**

Name	Date modified	Type
 Attachment A	9/9/2024 10:47 AM	Microsoft Word Document
 Cost Analysis	7/2/2024 9:11 AM	Microsoft Word Document
 Price Agreement Award	9/9/2024 10:46 AM	Microsoft Word Document

- Open the template and copy the information over from Attachment A

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	Material	MPN	Original Mfr part number	Short Text	Eq. To	BU	OU	Net Price	Annual Usage	CDM	Current Annual Spend	New Price	New Annual Spend	PCI	Notes
2											\$ -		\$ -		
3											\$ -		\$ -		
4											\$ -		\$ -		
5											\$ -		\$ -		
6											\$ -		\$ -		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Material	MPN	Original Mfr part number	Short Text	Eq To	BU	OU	Net Price	Annual Usage	CDM	Current Annual Spend	New Price	New Annual Spend	Pct	Notes
1	237453	49513	49513	AMPLIDEX FMR1 PCR PROCESS CONTROL	1	EA	EA	\$ 240.00	4		\$ 960.00	\$ 240.00	\$ 960.00	10%	
2	237454	49402	49402	AMPLIDEX FMR1 REAGENTS RUO (100RXN)	1	EA	EA	\$ 5,330.00	4		\$ 21,320.00	\$ 5,490.00	\$ 21,960.00	20%	
3	263887	49574	49574	DEV QUANTIDEX QPCR BCR ABL IS KIT	1	EA	EA	\$ 3,000.00	0		\$ -	\$ 3,000.00	\$ -	15%	Valid to 5/31/2024
4	263888	49637	49637	DEV QUANTIDEX QPCR BCR ABL MINOR KIT RUC	1	EA	EA	\$ 1,800.00	0		\$ -	\$ 1,800.00	\$ -	10%	Valid to 5/31/2024
5											\$ -	-	\$ -	-	
6											\$ -	-	\$ -	-	

**\*\*The built-in formulas will populate the estimated spend (old/new) and the increase**

\$	-	\$	1,800.00	\$	-
\$	22,280.00			\$	22,920.00
		(Increase) or Decrease		\$	(640.00)

## Quick Reference Card

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- Provide the Percent Increase (Formula: (New Spend-Old Spend)/Old Spend)
- Provide the Average PCI for all lines if info is available

\$ -	\$ 1,800.00	\$ -	10%	Valid to 5/31/2024
			14%	Average PCI
\$ 22,280.00		\$ 22,920.00		
	(Increase) or Decrease	\$ (640.00)	3%	Increase

**\*\*Make notes in the Notes column for any part# changes or other importance**

- On the "Cover" sheet, fill in the below info:
  - Manufacturer Name, Vendor Number, Contract #, Agreement Start/End Dates, Freight Terms, New Estimated Spend, Estimated Percent Increase, Average PCI
- Once completed, save to the new folder on the drive
- Send to Associate Director for approval

**\*\*Example:**

**U.S. Healthcare®**

Sourcing Specialist: **Brandon Chaney**  
 UK Best:  REW:

Manufacturer Name: **Asuragen** Vendor Number: **388592**  
 Distributor Name:   
 Agreement Description:  N/A  
☒ Local Agreement Only **Local Contract: PA083-048**  
☐ Vizient Agreement  
☐ Vizient Locally Negotiated  
 Paperwork to support provided ☐ Yes ☐ No

**Agreement Start Date: 1/1/2024**  
**Agreement End Date: 12/31/2025**

☐ Vizient Contract Activated  
 Effective Date:  UK Qualified Tier:

Paperwork to support provided ☐ Yes ☐ No  
**Freight Terms Detail: FRE - Destination Prepay and Add**

Payment Terms:  Est Annual Spend on Contract: **\$22,920**  
 Pricing Protection (Months):  Est Annual Increase/Decrease: **3%**  
 Spend Commitment:   
 Line Item Commitment:   
**PCI: 14%**