FOR AI COMMITTEES

The Minimum Evidence Pack

12 documents to require before an AI tool goes live — and what to do when they don't exist.

Because they often don't. That's the part nobody writes down.

WHY A FIXED LIST

“Send us your documentation” is the most expensive sentence in AI procurement.

It produces a 200-page dump, a three-week delay, and a committee that still can't answer the question it needed answered.

A fixed, published list does three things an open request can't:

→ **It makes “incomplete” an objective finding**

Not a judgment call someone has to defend in a meeting.

→ **It lets vendors prepare once**

The vendors who've been through a real evidence request elsewhere turn one around in days. The ones who haven't take weeks.

→ **It moves the argument upstream**

You fight about the list once a year instead of about every submission.

GROUP A · IDENTITY & INTENT

What is this, and what is it for here?

DOCUMENT	THE QUESTION IT ANSWERS	IF MISSING
1 · Use case statement	What does this tool do, to what, for whom, with how much human oversight — in our deployment, not in general.	Hard stop
2 · Intended use & contraindications	What did the developer build it for, and where do they say it should not be used?	Hard stop
3 · Regulatory status	FDA clearance, exempt, or enforcement discretion — with the specific pathway and predicate, not a logo.	Hard stop
4 · Project brief from the sponsor	Who inside our organization wants this, in what workflow, and what happens if we don't buy it?	Hard stop

Group A is non-negotiable because without it you cannot evaluate anything else. A performance metric with no stated intended use is a number without a denominator.

GROUP B · PERFORMANCE & EVIDENCE

How do you know it works?

DOCUMENT	THE QUESTION IT ANSWERS	IF MISSING
5 · Validation study	Tested on what population, against what reference standard, with what result?	Condition
6 · Subgroup performance	Does it work as well across age, sex, race, language, payer, and site of care?	Condition
7 · Training data description	What was it built on, and how far is that from our patients?	Condition
8 · Known failure modes	Where does it break, and what does breaking look like from the user's side?	Condition

THE TRAP IN THIS GROUP

Question 6 is the one most often answered adjacent to what was asked. You ask how the model performs across subgroups; you get a description of the training population's demographics. Both sentences are true. Only one is an answer.

GROUP C · DEPLOYMENT & ONGOING

What happens after you say yes?

DOCUMENT	THE QUESTION IT ANSWERS	IF MISSING
9 · Monitoring plan	What gets measured post-go-live, by whom, how often, and what threshold triggers action?	Condition
10 · Change management / model updates	How will we be told the model changed, and what re-review does that trigger?	Condition
11 · Data flow & retention	Where does our data go, who touches it, how long is it kept, is it used for training?	Hard stop
12 · Consent & disclosure workflow	What is the patient told, when, by whom — and can we produce evidence of it later?	Hard stop

Items 11 and 12 are hard stops because they are the two generating actual litigation against health systems right now.

THE PART MOST LISTS SKIP

Decide the routing rule once. Not every meeting.

Plenty of legitimate vendors cannot produce a subgroup performance breakdown, because they never ran one. Your committee's real decision is never “do they have it.” It's which of three things the absence means.

HARD STOP

Does not advance. No exceptions, no escalation. For documents where the absence is the finding.

CONDITION

Approved contingent on the document arriving by a named date, with a named owner. Auto re-review if it doesn't.

ACCEPTED RISK

Recorded: that it's missing, why you proceeded anyway, and who owns the consequence.

WHY THIS RULE MATTERS MOST

If every missing document triggers a debate, you get a queue. If they route automatically, you get throughput.

MAKING IT REAL

Four things that make the difference

1 **Publish the list to vendors before they submit.**

Put it on your website. The point is not to catch anyone out — it's to get a complete submission the first time.

2 **Anchor evidence once, inherit it everywhere.**

If a validation study answers four different questions, it should be attached once, not requested four times. Repeat requests are why vendors stop responding.

3 **Send incomplete submissions back.**

This is the whole thing. If “incomplete” is a formality rather than an outcome, the list is decoration.

4 **Track first-pass completeness as a metric.**

It's the single best leading indicator of your committee's throughput next quarter, and it goes up once vendors learn you mean it.

The systems asking hard questions are doing unpaid work for everyone downstream.

A vendor who has been through a real evidence request at another health system turns one around in days. One who hasn't takes weeks, because they're writing the document for the first time.

Which means every time you send back an incomplete submission, you're not only protecting your own organization. You're building the market's evidence base one refusal at a time.

Troy Bannister — Founder & CEO, Onboard AI

Steal this list. Change it. Tell me what I got wrong.