

**BORROWED/LOANED EQUIPMENT FORM
UNIVERSITY OF TOLEDO MEDICAL CENTER**

Borrowing Equipment

- Individual requesting equipment: _____ Phone # _____
 - Title/Department: _____ Date: _____
 - Which Hospital Administrator(UTMC)approved this loan: _____
 - Equipment being requested: _____
 - What Facility has the Equipment: _____
 - How was equipment transported to UTMC _____
 - Biomedical Technician(UTMC) checking in equipment: _____
 - How was equipment transported back to Lending Facility _____
- Signature of person receiving equipment (Lending Facility) _____
- Printed Name: _____

Lending Equipment

- Individual requesting equipment: _____ Phone # _____
 - Title/Department: _____ Date: _____
 - Name of Facility: _____
 - Which Hospital Administrator (UTMC) approved this loan: _____
 - Equipment being requested: _____
 - Biomed Asset #: _____
 - How was equipment transported to Borrowing Facility _____
 - Signature of person receiving equipment (Borrowing Facility) _____
- Printed Name: _____
- How was equipment transported back to UTMC: _____