

LOAN/BORROW FORM

1. DATE: _____

2. BORROWED FROM: _____

HOSPITAL

3. LOAN TO: (Check Box)

CALLED IN BY: _____

- Atrium Medical Center
- Dayton Children's
- Community Blood Center
- Good Samaritan Hospital
- Grand Lake Health System
- Grandview Medical Center
- Other _____

- Greene Memorial Hospital
- Kettering Medical Center
- LifeCare Hospital
- Miami Valley Hospital
- Miami Valley South Health Center
- Southview Medical Center

- SRMC High St
- Sycamore Medical Center
- UVMC
- Wayne HealthCare
- Wilson Memorial Hospital
- 88th Medical Center WPAFB

Hospital Name

Qty	Unit	Catalog or Serial #	Item Description	Unit Price	Total	Qty Used

4. IS THIS A MEDICAL DEVICE FOR DIAGNOSIS, MONITORING OR THERAPEUTIC TREATMENT? YES NO

5. IF YES, IS THIS DEVICE TAGGED AND WITH A CURRENT INSPECTION DATE? YES NO

IF YES, YOU MAY SEND/RECEIVE. IF NO, DO NOT SEND OR RECEIVE EQUIPMENT UNTIL INSPECTED BY OWNER.

6. SENT BY _____

7. ITEMS RETURNED ON (DATE) _____ BY _____

8. RECEIVED BY _____ DATE _____

9. BILL BORROWER P.O. NO. _____ BORROWER WILL REPLACE

10. COMMENTS _____

NOTE: 3 Part Form - The lender keeps the pink copy, send white and yellow forms to borrower. The borrower completes white and yellow copy and returns the completed white copy including signature to lender.

FORM MUST BE RETURNED WITH ITEMS