LOAN/BORROW FORM

1. DATE:________________________

2. BORROWED FROM:________________________

HOSPITAL

3. LOAN TO: (Check Box)
   ☐ Atrium Medical Center
   ☐ Dayton Children's
   ☐ Community Blood Center
   ☐ Good Samaritan Hospital
   ☐ Grand Lake Health System
   ☐ Grandview Medical Center
   ☐ Other ____________________________

   CALLED IN BY:________________________

   ☐ 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

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<th>Catalog or Serial #</th>
<th>Item Description</th>
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4. IS THIS A MEDICAL DEVICE FOR DIAGNOSIS, MONITORING OR THEAPEUTIC 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 12/10