



SUNY COLLEGE OF OPTOMETRY
UNIVERSITY EYE CENTER

Loaner Equipment Request Form

(Please provide documentation and use additional sheets if necessary)

Name of Requester: _____ **Department or Service:** _____

Date: _____

1. **The equipment is intended for clinical patient care (check all that apply)**
 - clinical teaching
 - patient care
 - research
2. **Name and description of item to be loaned (Use additional sheets).**
3. **From whom it will be loaned from?**
4. **Description of items function, features, dimensions of equipment.**
5. **Company's or other entity's purpose for loaning the device?**
6. **Where it is proposed to be housed?**
7. **Duration of loan period (start and end date)?**
8. **Is the device FDA approved?**
9. **If data is to be gathered, is it expected to be shared with the company?**

10. Are any "conditions", e.g., publications, presentations, or demonstrations at the College or outside of the College a contingency for the loan of the device?

11. Are you free of *any* personal financial/services/goods involvement with the sponsor, product or

a) Do you have stock of ownership in the company? Yes No

b) Do you have a contractual agreement or an advisory relationship with this company or any other companies involved with this equipment?
Yes No

c) Are you a lecturer for the company? Yes No

d) Has the company sponsored your lectures? Yes No

Signature of Requester: _____

Date _____

Service Chief Approval: Yes No

Signature: _____

Date _____

Date Forwarded to Clinic Council: _____

Date _____

Clinic Council Approval: Yes No

Date _____

Signature: _____

Date _____