



**Purpose**

Please complete and submit this form to reserve and use physical assets belonging to the Donald and Barbara Zucker School of Medicine at Hofstra / Northwell (ZSOM). Physical assets include but are not limited to ultrasound units, anatomical models, medical task trainers, instruments, or other clinical / medical devices or equipment and are to be used exclusively for educational purposes.

**Submission, Review, and Evaluation Process**

All requests are subject to review and approval. The Office of the Dean is responsible for management of the request and transportation / delivery of the asset(s). Distribution of this form originates in one of three ways: (1) response to external requests received by the Office of the Dean; (2) response to internal or external event requests; or, (3) response to a co-curricular or student group requests. The office or department that disseminates this form to the school, organization, or group requesting the physical asset is responsible for obtaining appropriate approvals. The Office of the Dean will organize distribution and collection of the asset(s).

**Instructions:**

- Ultrasound unit requests: please complete **section 1 only**
- Anatomical model requests: please complete **section 2 only**
- Medical task trainer requests: please complete **section 3 only**
- To request other ZSOM physical assets for use as part of academic programming or for demonstration purposes: please complete **section 4 only**
- To request physical assets that fall under one or more of the categories below, please complete all appropriate sections

Please return the completed form to the ZSOM office, department, or staff / faculty member facilitating your request. Typically, this is a member of the events team or a team member from the Office of Student Affairs or Office of the Dean. Please direct questions to the Assistant Dean for Operations.



**Section 1: Ultrasound Unit Request**

Please complete this section to reserve and use ZSOM ultrasound units for educational sessions. This form allows for facilitation of tracking ultrasound units and any associated equipment and ensures they are made available in the most efficient way for the completion of your course. Basic session, student, and faculty information is required so we can be assured the session is appropriate for taking place at the School of Medicine and that qualified instructors are directing the session.

School, organization, or group requesting this session: \_\_\_\_\_

Requestor name: \_\_\_\_\_ Requestor email: \_\_\_\_\_

Requestor phone: \_\_\_\_\_

Name of session: \_\_\_\_\_

Date of session (MM/DD/YYYY): \_\_\_\_\_

Time of session (HH:MM AM/PM to HH:MM AM/PM): \_\_\_\_\_

\*Venue and space / room requested: \_\_\_\_\_

Number of session attendees: \_\_\_\_\_ Type of learner attendees: \_\_\_\_\_

Lead ultrasound faculty member for this session: \_\_\_\_\_

Lead ultrasound faculty email address and phone number: \_\_\_\_\_

\*\*Number of faculty attending session: \_\_\_\_\_

†Special probe or transducer needs: \_\_\_\_\_

Model or phantom needs: \_\_\_\_\_

Briefly describe the session, including type of scans to be performed:

*Notes / disclaimers:*

Per ZSOM and Northwell Health policy, this program cannot be used in whole or in part to “certify” or “qualify” any learner to provide independent use or practice of ultrasound imaging or procedures in the diagnosis, treatment, or management of patients.

\*Structure Lab requests must be reviewed and approved by the Structure Lab Supervisor and Anatomical Gift Program Coordinator.

\*\*At least one (1) faculty member must be qualified to independently perform and interpret the ultrasound applications being learned in a clinical setting within Northwell Health and must be present at the session.

†Ultrasound units are equipped with linear, curvilinear, and phased array transducers; gel, wipes and/or paper towels. Drapes, gowns, gloves, masks, or any other requirements are the responsibility of the course director or session leader.

*(Section 2 begins and page 3)*



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**Section 2: Anatomical Model Request**

Please complete this section to reserve and use ZSOM anatomical models for educational sessions. This form allows for facilitation of tracking anatomical models and any associated pieces or parts and ensures they are made available in the most efficient way for the completion of your course or session. Basic session and student information is required.

School, organization, or group requesting this session: \_\_\_\_\_

Requestor name: \_\_\_\_\_

Requestor email: \_\_\_\_\_

Requestor phone: \_\_\_\_\_

Name of session: \_\_\_\_\_

Date of session (MM/DD/YYYY): \_\_\_\_\_

Time of session (HH:MM AM/PM to HH:MM AM/PM): \_\_\_\_\_

Anatomical model(s) requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Plastic skull with removable calvaria and mandible | <input type="checkbox"/> Plastic sagittal cut half skull |
| <input type="checkbox"/> Plastic take-apart skull                           | <input type="checkbox"/> Plastic sphenoid bone           |
| <input type="checkbox"/> Plastic temporal bone                              | <input type="checkbox"/> Plastic temporal bone, hinged   |
| <input type="checkbox"/> Plastic ethmoid bone                               |  |

Briefly describe the session, including how the models will be used:

*(Section 3 begins on page 4)*



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**Section 3: Medical Task Trainer Request**

Please complete this section to reserve and use ZSOM medical task trainers for educational sessions. This form allows for facilitation of tracking medical task trainers any associated material or equipment and ensures they are made available in the most efficient way for the completion of your session. Basic session, student, and faculty information is required.

School, organization, or group requesting this session: \_\_\_\_\_

Requestor name: \_\_\_\_\_

Requestor email: \_\_\_\_\_

Requestor phone: \_\_\_\_\_

Name of session: \_\_\_\_\_

Date of session (MM/DD/YYYY): \_\_\_\_\_

Time of session (HH:MM AM/PM to HH:MM AM/PM): \_\_\_\_\_

Medical task trainer requested:

- Blue Phantom                       IV arm
- Advanced Male Rectal Examination Trainer
- Standard Clinical Female Pelvic Trainer       Advanced Clinical Female Pelvic Trainer
- Standard Clinical Male Pelvic Trainer       Advanced Clinical Male Pelvic Trainer
- Standard Breast Examination Trainer       Examination and Diagnostic Breast Trainer

Number of session attendees: \_\_\_\_\_

Type of learner attendees: \_\_\_\_\_

Faculty member sponsoring this session: \_\_\_\_\_

Briefly describe the session, including how the medical task trainers will be used:

*(Section 4 begins on page 5)*



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**Section 4: Other Physical Assets**

Please complete this section to request the use of other ZSOM physical assets. These assets may be clinical in nature (including exam beds, medical instruments/devices, etc.) but are only to be used for educational sessions. This form allows for facilitation of tracking physical assets and ensures they are made available in the most efficient way for the completion of your session. Basic session, student, and faculty information is required.

School, organization, or group requesting this session: \_\_\_\_\_

Requestor name: \_\_\_\_\_ Requestor email: \_\_\_\_\_

Requestor phone: \_\_\_\_\_

Name of session: \_\_\_\_\_

Date of session (MM/DD/YYYY): \_\_\_\_\_

Time of session (HH:MM AM/PM to HH:MM AM/PM): \_\_\_\_\_

Other physical asset(s) being requested: \_\_\_\_\_

Number of session attendees: \_\_\_\_\_

Type of learner attendees: \_\_\_\_\_

Faculty member sponsoring this session: \_\_\_\_\_

Briefly describe the session, including how these assets will be used:

*(Please see page 5 for attestation)*



**Section 5: Attestation**

By completing and submitting this form, the school, organization, or group (“requestor”) claims full responsibility for the ZSOM asset(s) during the session or borrowing period. Requestor is responsible for ensuring that all parts, accessories, items, etc., delivered with the asset(s) are in working order upon receipt and returned with the asset(s). Requestor guarantees asset(s) will be used for their intended purpose(s) and claims full responsibility for improper or unauthorized use. Requestor may be held liable for lost or damaged asset(s) if improper or unauthorized use results in damages.

**Section 6: Authorization and Approvals (for internal use only):**

Please distribute the form to the appropriate individuals below for approval. Verbal / email approval is acceptable. Please indicate date and time of verbal / email communication. Once the request is approved or denied, please notify all parties in the approval chain. Please notify the requestor of the decision within 24-48 hours.

Section 1: Ultrasound Unit Request	Section 2: Anatomical Model Request	Section 3 / 4: Medical Task Trainer / Other Physical Asset Request
<p>_____</p> <p>William P. Rennie, MD            Co-Course Director, Structure and CPR            and Ultrasound Co-Leader</p>	<p>_____</p> <p>Model owner (print and sign)</p>	<p>_____</p> <p>Medical task trainer / other physical            asset owner            (print and sign)</p>
<p>_____</p> <p>John J. Pedone            Structure Lab Supervisor and            Anatomical Gift Program Coordinator</p>	<p>_____</p> <p>John J. Pedone            Structure Lab Supervisor and            Anatomical Gift Program Coordinator</p>	<p>_____</p> <p>Kathryn R. Olsen            Director, Office of Curriculum Support</p>
<p>_____</p> <p>Joseph M. Nicolini            Assistant Dean for Operations</p>	<p>_____</p> <p>Joseph M. Nicolini            Assistant Dean for Operations</p>	<p>_____</p> <p>Joseph M. Nicolini            Assistant Dean for Operations</p>