HSS Laboratory
Usage Request Form

Date of Request: __________ Name of Person Requesting BSEL/CAS: ____________________________

Target Audience: _______________________________________________________________________

Number of Attendees: ___ Name(s) of Attendees: ___________________________________________

Name of Sponsoring Group or Company: ____________________________________________________

Desired Lab Date(s): ___________________ Desired Time: ____________________________

Length of Session: ___________________ Lab Budget/Invoice Attached: Yes ☐

Location of Session: ☐ Bio Skills Education Lab (BSEL) ☐ Computer Assisted Lab (CAS)

Check type of Session (all that apply)

Education
☐ Medical Education (resident/fellow/PA training)
☐ Professional Education
   ☐ HSS sponsored (i.e. CME Program)
   ☐ Industry Sponsored
   ☐ HSS/Industry sponsored

Research
☐ Resident/Fellow
☐ HSS Sponsored
☐ Industry Sponsored

Product Development
☐ HSS Sponsored
☐ Industry Sponsored

* All Industry sponsored sessions require an HSS attending to monitor lab session

Criteria for Sessions:

☐ Medical Education (resident/fellow/PA training) Industry sponsored sessions require an HSS attending to facilitate/monitor lab session.

☐ Product Development (If residents and fellows are invited, HSS attending must be present).

Session Objectives: ____________________________________________________________________

____________________________________

Please Return To:
Jennifer Hammann-Scala, CST
Manager BioSkills Education Lab
Hospital for Special Surgery
535 East 70th Street, New York, NY  10021
212.774.2299
Supplies and Equipment (fees apply):

- Sawbones
- Arthroscopic equipment
- Small Fragmentation Set
- Large Fragmentation Set
- Universal Reaming Set
- Wire Instrumentation Set
- C-Arm (fees may apply)
- Other
- Cadaverous Specimen (please specify)

Computer and Audio-Visual Needs (check all that apply):

- Live transmission of cadaveric to the conference center
- High Definition Arthroscopic imaging, video, and still photographs
- Lab session video recording

Please specify other requests not listed: __________________________________________________________

Comments: ____________________________________________________________

- Approved (by TBD)
- Approved with revisions (by TBD)

- Approved/HSS Service Chief or Department Head (*signature required for all external BSEL/CAS sessions)

Sessions require approval or authorization of HSS Service Chief/Department Head. Requests are scheduled based on availability and must be submitted at least 30 days prior to date of session. Sessions requiring usage of a C-arm and/or additional resources are fee based and are subject to availability. All fees must be paid in full at least 14 days prior to scheduled date.

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Revised: 3/1/2013