

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: Bioskills 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	_____ Universal Reaming Set
_____ Arthroscopic equipment	_____ Wire Instrumentation Set
_____ Small Fragmentation Set	_____ C-Arm (fees may apply)
_____ Large Fragmentation Set	_____ Other _____
_____ Cadaverous Specimen (<i>please specify</i>) _____	

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: _____

- | | |
|--|---|
| _____ <input type="checkbox"/> Approved (by TBD) | _____ <input type="checkbox"/> 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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Coordinator Bioskills Education Lab
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