



Centre for  
**Heart Lung Innovation**  
UBC and St. Paul's Hospital

## Internal Equipment Sign-Out Form for JHRC Members

The following user assumes all responsibility for the use of the equipment bellow. Any damage that occurs to the equipment while in the possession of the user will be charged to the user or user's Principal Investigator.

User (Print): \_\_\_\_\_

Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Expected Date Back: \_\_\_\_\_

User's P.I.: \_\_\_\_\_

Equipment : \_\_\_\_\_

Signature of User: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Investigator Equipment Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Returned Date: \_\_\_\_\_

Item tested after return:  yes  no

Initial: \_\_\_\_\_