Equipment Instrument Rental Agreement

Owner: Department of Surgery
Frank.leopardi@duke.edu
919-328-0528

Renter:
Name/Dept.: ____________________________________________________________
Email: ___________________________ Phone Number: ____________

Date Submitted to SLACR@duke.edu: ________________
Date(s) Items(s) Requested: ________________

Item(s) Requested:
1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________
4. _________________________________________________________________
5. _________________________________________________________________
6. _________________________________________________________________
7. _________________________________________________________________
8. _________________________________________________________________
9. _________________________________________________________________
10. _________________________________________________________________

Date of Return: __________________________

Signature of Pick Up: ___________________________ Date: __________
Signature of Return: ___________________________ Date: __________

Rental Terms and Conditions:
1. All requests will be submitted to slacr@duke.edu two weeks in advanced.
2. Requests will be either confirmed or denied if the equipment is already in use by another party, within 48 hours of receiving the request.
3. Equipment will be returned cleaned and in the condition it was received within a period of no less than 24 hours post procedure. If there is a problem with the equipment please let the department know.