

Equipment Instrument Rental Agreement

Owner: Department of Surgery  
[Frank.leopardi@duke.edu](mailto:Frank.leopardi@duke.edu)  
919-328-0528

Property Conditions: Released:  Returned:
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Renter:  
Name/Dept.: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Submitted to [SLACR@duke.edu](mailto:SLACR@duke.edu): \_\_\_\_\_  
Date(s) Item(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](mailto: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.